

Washoe County District Board of Health Meeting Notice and Agenda

Members

Kitty Jung, Chair
Dr. John Novak, Vice Chair
Oscar Delgado
Dr. George Hess
Kristopher Dahir
Michael D. Brown
Tom Young

**Thursday, July 27, 2017
1:00 p.m.**

**Washoe County Administration Complex
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV**

Items for Possible Action. All items numbered or lettered below are hereby designated for possible action as if the words “for possible action” were written next to each item (NRS 241.020). An item listed with asterisk (*) next to it is an item for which no action will be taken.

1:00 p.m.

- 1. *Roll Call and Determination of Quorum**
- 2. *Pledge of Allegiance**
- 3. *Public Comment**

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

- 4. Approval of Agenda**
July 27, 2017
- 5. *Recognitions**

A. New Hires

- i. Victoria Stebbins, 6/26/2017, Office Assistant III in Vitals – EPHP
- ii. Birdiana Mendoza, 7/10/2017, Office Assistant II in Immunizations – CCHS
- iii. Vanessa Ramirez, 7/10/2017, Office Assistant II in Clinic – CCHS

B. Re-Classes

These are the re-classes approved during the budget cycle effective 7/1/2017:

- i. Lori Mendoza, from Air Quality Specialist to Senior Air Quality Specialist, 7/1/2017 - AQM
- ii. Will Lumpkin, from Vector Borne Disease Specialist to Environmental Health Specialist, 7/1/2017 – EHS
- iii. Jeff Jeppson, from Vector Borne Disease Specialist to Environmental Health Specialist 7/1/2017 – EHS

- iv. William Mountjoy, Environmental Health Specialist Trainee I to Environmental Health Specialist Trainee, 7/1/2017 – EHS
*Trainee I & Trainee II levels combined into one Trainee level position

C. Years of Service

- i. Carol (Lynn) Shore, Public Health Nurse, 15 years, hired 7/1/2002 - CCHS
- ii. Daniel Timmons, Air Quality Specialist, 5 years, hired 7/2/2012 - AQM
- iii. Brendan Schnieder, Air Quality Specialist, 5 years, hired 7/16/2012 - AQM

6. Consent Items

Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Approval of Draft Minutes
June 22, 2017

B. Budget Amendments/Interlocal Agreements

- i. Accept a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to July 1, 2017 through June 30, 2018 in the total amount of \$64,576.00 (no required match) in support of the Community and Clinical Health Services Division Fetal Infant Mortality Review (FIMR) Program IO#11176 and authorize the District Health Officer to execute the Subgrant Award
Staff Representative: Nancy Kerns Cummins

C. Acknowledge receipt of the Health Fund Financial Review for June, Fiscal Year 2017
Staff Representative: Anna Heenan

D. Recommendation for the Board to Uphold Unappealed Notice of Violation Citation No. 5588 Issued to Pine-Reno LLC, Case No. 1195, with a \$5,640.00 Negotiated Fine

- i. Pine-Reno LLC – Case No. 1195, Notice of Violation No. 5588
Staff Representative: Charlene Albee

E. Recommendation for the Board to Uphold Unappealed Notice of Violation Citation No. 5544 Issued to Landcap Investment Partners LLC, Case No. 1196, with a \$1,100.00 Negotiated Fine

- i. Landcap Investment partners LLC – Case No. 1196, Notice of Violation No. 5544
Staff Representative: Charlene Albee

7. Regional Emergency Medical Services Authority

Presented by: JW Hodge and Dean Dow

A. Review and Acceptance of the REMSA Operations Report for June 2017

*B. Update of REMSA's Public Relations during June 2017

8. Presentation on completion of Panther Drive Septic to Sewer Conversion Project to address public health threat posed by perched groundwater and failed septic systems

Presented by: Dwayne Smith, Director, Engineering and Capital Projects, Washoe County Community Services Department

9. Discussion and assignment of Board Members as subject matter experts for specific Health District program areas

Presented by: Dr. John Novak

10. Review, discussion and possible direction regarding correspondence to be sent on behalf of the District Board of Health identifying concerns and opposition to proposed cuts to EPA and CDC programs and the potential impacts to Washoe County.

Staff Representative: Kevin Dick

11. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director

Program Update, Divisional Update, Program Reports

B. Community and Clinical Health Services, Steve Kutz, Director

Divisional Update – Patagonia Health; Data & Metrics; Program Reports

C. Environmental Health Services, Kevin Dick, Acting Director

EHS Division and Program Updates – Food, Land Development, Safe Drinking Water, Schools, UST/LUST, Vector-Borne Disease and Waste Management

D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director

Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

E. Office of the District Health Officer, Kevin Dick, District Health Officer

District Health Officer Report – Federal Budget and Policy, NACCHO Annual Conference, Water System Regulation and Plan Reviews, Quality Improvement, Public Health Accreditation, Strategic Plan, Workforce Development, Truckee Meadows Healthy Communities, SB429 –Urban Agriculture and Community Gardens, Other Events and Activities and Health District Media Contacts

12. *Board Comment

Limited to announcements or issues for future agendas.

13. *Public Comment

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

14. Adjournment

Possible Changes to Agenda Order and Timing. Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent agenda.

Special Accommodations. The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

Public Comment. During the “Public Comment” items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a “Request to Speak” form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

Response to Public Comment. The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the

published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – Limited to Announcement or Issues for future Agendas.”

Posting of Agenda; Location of Website.

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: <https://notice.nv.gov>

How to Get Copies of Agenda and Support Materials. Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Laura Rogers, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at lrogers@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

Washoe County District Board of Health Meeting Minutes

Members

Kitty Jung, Chair
Dr. John Novak, Vice Chair
Oscar Delgado
Dr. George Hess
Kristopher Dahir
Michael D. Brown
Tom Young

Thursday, June 22, 2017
1:00 p.m.

Washoe County Administration Complex
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV

1. *Roll Call and Determination of Quorum

Chair Jung called the meeting to order at 1:03 p.m.

The following members and staff were present:

Members present: Kitty Jung, Chair
Dr. John Novak, Vice Chair
Oscar Delgado (arrived 1:12 p.m.)
Dr. George Hess
Kristopher Dahir
Michael Brown
Tom Young

Members absent: None

Ms. Rogers verified a quorum was present.

Chair Jung welcomed Mr. Young as the newest District Board of Health Member, and informed that he is the CEO of Great Basin Brewery. She stated that he is a great neighbor for the downtown core of Sparks and is the Washoe County appointed member replacement for Mr. Silverman.

Staff present: Kevin Dick, District Health Officer, ODHO
Leslie Admirand, Deputy District Attorney
Charlene Albee
Steve Kutz
Dr. Randall Todd

2. *Pledge of Allegiance

Mr. Young led the pledge to the flag.

3. *Public Comment

As there was no one wishing to speak, Chair Jung closed the public comment period.

4. Approval of Agenda

June 22, 2017

Dr. Novak moved to approve the agenda for the June 22, 2017, District Board of Health regular meeting. Mr. Brown seconded the motion which was approved unanimously.

5. Recognitions

A. Introduction

- i. Mr. Tom Young, District Board of Health Member, Non-Elected Washoe County Appointee

Mr. Dick informed that he had the opportunity to meet with Mr. Young the previous day for an initial orientation to the Health District. He stated that he enjoyed the meeting and looks forward to working with Mr. Young, and welcomed him to the District Board of Health.

B. Transfers

- i. Graciela Flores, Office Assistant II, 15 years, CCHS – promoted to OAIII, Assessor's Office, 6/12/2017

Mr. Dick announced that Ms. Flores had been with CCHS for 15 years as an Office Assistant II, and received a promotion to an OAIII at the Assessor's Office. Ms. Flores was not in attendance, but Mr. Dick and Chair Jung agreed that that they love to see staff advance.

C. Years of Service

- i. Michael Wolf, Air Quality Supervisor, 5 years, hired 6/4/2012 – AQM

Mr. Wolf was not in attendance.

- ii. Maria Rodriguez, Community Health Aide, 10 years, hired 6/11/2007 – CCHS

Ms. Rodriguez was not in attendance.

- iii. Janet Piette, Community Health Nutritionist, 20 years, hired 6/23/1997 – CCHS

Mr. Dick thanked Ms. Piette for her work at the Health District and congratulated her on her 20 years of service.

- iv. Nicole Mertz, Public Health Nurse II, 25 years, hired 6/8/1992 – CCHS

Ms. Mertz was not in attendance.

D. 2017 Extra Mile Awards

- i. Carl's – The Saloon
- ii. Ceol Irish Pub
- iii. Ole Bridge Pub
- iv. Wild Island Family Adventure Park

Presented by: Stephanie Chen

Mr. Dick introduced Ms. Chen and stated that he would be assisting in presenting the awards.

Ms. Chen stated that the Health District Chronic Disease Prevention Program would like to recognize several local businesses for providing a smoke free environment for their customers and employees. She informed that the Extra Mile Award honors

businesses that have gone above and beyond the requirements of the Nevada Clean Indoor Air Act, making the conscious decision to go smoke free when the law does not require them to do so. Ms. Chen stated that these businesses were identified by the Health District's community partners for exemplifying a growing movement to increase smoke free venues. She informed that 85% of Washoe County residents do not smoke and that these establishments provide smoke-free environments to thousands of residents, visitors and their employees each year.

Ms. Chen stated that Ceol Irish Pub has been smoke and vape free since they opened in April of 2007, and they were the first non-food-serving pub in Reno to go smoke free. She introduced Mr. Ron McCarthy, owner of Ceol Irish Pub who accepted the award.

Next, Ms. Chen informed that the Ole Bridge Pub had been smoke and vape free since they opened in the spring of 2009. Their commitment to be smoke free is based on their desire appeal to everyone and to give their establishment that old world pub feel. She introduced Mr. Ed Griggs, Manager of the Ole Bridge Pub.

Mr. Griggs thanked the Board and the Health District for the tremendous job they do for the community and encouraged them to continue. Chair Jung thanked Mr. Griggs and asked him to do the same.

Ms. Chen then announced that Carl's – The Saloon had gone smoke and vape free after a renovation on April 28, 2017, to make their establishment more inviting. No one was available to accept the award.

Ms. Chen also wished to recognize Wild Island Family Adventure Park for their recent decision to prohibit smoking in Kocomo's Island Bar and the entire water park. She informed that there is a designated smoking area in their parking lot. No one was available to accept the award.

6. Consent Items

Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Approval of Draft Minutes
May 25, 2017

B. Budget Amendments/Interlocal Agreements

i. Approve a FY18 Purchase Requisition #3000033035 issued to Board of Regents – UNR School of Medicine (sole source) in the approximate amount of \$110,205.00 for laboratory testing primarily in support of the medical clinic operations on behalf of the Community and Clinical Health Services Division of the Washoe County Health District.

Staff Representative: Nancy Kerns-Cummins

ii. Approve Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period upon Board of Examiners approval through June 30, 2019 in the total amount of \$250,000 (\$125,000 per fiscal year) in support of the Environmental Health Services Division (EHS) Safe Drinking Water Act (SDWA) Program, IO 10017; and if approved, authorize the District Health Officer to execute the Agreement.

Staff Representative: Patsy Buxton

C. Approve an Agreement between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational experiences

for University of Nevada School of Medicine students in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2018 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year

Staff Representative: Nancy Kerns-Cummins

- D. Approve an Agreement between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational experiences for University of Nevada Orvis School of Nursing students in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2018 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year

Staff Representative: Nancy Kerns-Cummins

- E. Approve an Agreement between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational experiences for University of Nevada School of Community Health Sciences students in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2018 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year

Staff Representative: Nancy Kerns-Cummins

- F. Acknowledge receipt of the Health Fund Financial Review for May, Fiscal Year 2017

Staff Representative: Anna Heenan

- G. Recommendation for the Board to uphold an unappealed citation issued to Mustang Store, Case No. 1194, Citation No. 5543 with a \$5,210.00 negotiated fine

i. Mustang Store – Case No. 1194, Notice of Violation No. 5543

- H. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Board to deny the appeal of the District Health Officer's decision as based on the requirements of Section 040.085 of the Washoe County Health District Board of Health Regulations Governing Sewage, Wastewater, & Sanitation – On-site sewage disposal systems are prohibited in any area subject to vehicular traffic. Section 010.185 defines an On-site Sewage Disposal System as a system for sewage collection, treatment and disposal located on an individual parcel as approved by the Health Authority. Section 010.065 defines disposal area as that portion of the on-site sewage disposal system area which contains the disposal trench(es), the designated repair area for the disposal trench(es), provides for the required trench separations and meets the required setbacks.

Staff Representative: James English

i. Harley La Roche – Appeal Permit# 16-2610

As there was no one wishing to speak, Chair Jung closed the public comment period.

Mr. Dahir requested information on the agreements with UNR and the relationship with their schools and Washoe County Health District. He asked if the items should be

pulled to discuss. Mr. Dick inquired if Mr. Kutz could be allowed to speak to this matter while the items remain in consent. Chair Jung agreed that would be acceptable.

Mr. Kutz informed that the Health District has been partnering with the University of Nevada Reno for decades, and that they are fantastic partners. The following agreements are valid for one year with automatic renewal for the next two years.

Mr. Kutz stated that the first agreement is with the Nevada State Public Health Laboratory which UNR administers, and that most of the clinical health testing is processed by this facility.

Next, Mr. Kutz explained that the Health District hosts residents from the University of Nevada, Reno School of Medicine for various time frames that can range from two weeks to a more extended time frame. He informed that a new program with the Sexual Health Program Medical Consultant, Dr. Steve Zell, will begin in July and allow a longer internship.

Mr. Kutz stated the Health District had partnered with the University of Nevada, Reno Orvis School of Nursing for a very long time, and that he himself had been a nursing student in that program.

The Community Health Science Program is UNR's version of the School of Public Health. Mr. Kutz informed that both undergraduate and graduate students rotate through the Health District, gaining experience in their field of study.

He stated that there will be more agreements on the agenda in July for the Family Planning Program including colposcopy and vasectomy services.

Mr. Dahir thanked Mr. Kutz for the information and stated that these were wonderful programs. Chair Jung noted that the Health District is able to hire employees from these UNR programs.

Dr. Novak moved to accept the Consent Agenda as presented. Mr. Dahir seconded the motion which was approved unanimously.

7. Regional Emergency Medical Services Authority

Presented by Dean Dow

A. Review and Acceptance of the REMSA Operations Report for May 2017

Ms. Cathy Brandhorst commented on services that REMSA personnel perform for members of the community.

Chair Jung closed the public comment period.

Mr. Brown moved to approve the Review and Acceptance of the REMSA Operations Report for May 2017. Dr. Novak seconded the motion which was approved unanimously.

***B. Update of REMSA's Public Relations during May 2017**

Mr. Dow informed that REMSA undergoes a monthly analysis by an independent firm that grades REMSA on various levels of performance. He highlighted the five lowest scores on the monthly report, the first being professionalism of staff in the Ambulance Billing Office. That score was at 90% which is better than the national average. The second item on the survey was the willingness of staff to address the client's needs, also rated at 90% and above the national average. Mr. Dow stressed that the organization does review and analyze these statistics within a leadership group and report them to the REMSA Board of Directors. He noted that the business office is one of the more difficult areas to score well on, due to the nature of its function. The

leadership of the Accounts Receivable and Billing Department recently improved the phone system to record all conversations for training purposes. This department is now under the organization's CQI Process, so the calls are randomly pulled and analyzed. Mr. Dow stated that they hope to be able to report better scores soon.

Dr. Novak asked how many like-sized organizations were included in the survey, noting that REMSA was twelfth. Mr. Dow informed that it fluctuates between 110-140 companies.

Chair Jung thanked Mr. Dow for his report and stated that he was appreciated.

8. Approve FY18 Purchase Order #TBA issued to Valent BioSciences. (Bid#2955-16) in the amount of \$355,524.00 for Mosquito Abatement Products, on behalf of the Environmental Health Services Division of the Washoe County Health District

Staff Representative: Kevin Dick

Mr. Dick informed that this item is similar to the one heard at last month's District Board of Health Meeting, and is a request for the Board to approve the purchase of the larviciding product so that it may be purchased at the beginning of the fiscal year. This would allow the Health District to have the product on hand to apply the week of July 10th, the correct time for it to be effective in the Health District's continued mosquito abatement efforts. Mr. Dick stated that the Health District is working with the County to request assistance in funding this purchase through their contingency funds. A request for County contingency funds to assist in this purchase is expected to be going before the Board of County Commissioners in July.

Dr. Novak inquired what portion of the remaining mosquito season would be covered by this purchase. Mr. Dick stated that this purchase is for the MetaLarv product that will be applied in July. He informed that the last application was of Vectolex, and that it is best practice to alternate the products. MetaLarv is more expensive, but is effective for a longer period of time. Mr. Dick continued to say that the next requisition that he will bring before this Board for approval would be for two more applications of Vectolex, and that those treatments would be sufficient for the rest of the season.

Mr. Dahir moved to approve the FY18 Purchase Order #TBA issued to Valent BioSciences. (Bid#2955-16) in the amount of \$355,524.00 for Mosquito Abatement Products, on behalf of the Environmental Health Services Division of the Washoe County Health District. Dr. Novak seconded the motion which was approved unanimously.

9. Update regarding the 2017 Legislative session

Staff Representative: Kevin Dick

Mr. Dick directed the Board's attention to a summary of the 79th Legislative Session results that had been placed on the dais for each of them. He noted that this document didn't capture all of the bills that the Health District had been monitoring.

Mr. Dick provided an overview of this list to those present, highlighting the Session's activities. One bill of note was AB141 which elevated the Office of Minority Health within the structure of Health and Human Services. Mr. Dick opined that this was similar to the initiative of the Office of the District Health Officer, Community Health Needs Assessment and the Health Improvement Plan in regards to health disparities and health equity.

There were several bills that passed in support of women's reproductive health.

Mr. Dick informed that another significant outcome was the passage of AB366 which creates the Regional Behavioral Health Policy Boards, and, of the four regions designated

within the bill, Washoe County is its own region. He stated that, as the District Health Officer, he will be serving on the Policy Board. Mr. Dick informed that the resources have not yet been identified to support the activities of this Board or regional provision of services

SB124 is a measure to improve gun control, and will prohibit those under protective orders for domestic violence and conviction of battery which constitutes domestic violence or stalking from owning firearms.

Mr. Dick was pleased to announce that SB165, the height and weight measure for schools, will be reinstated after much involvement on the part of the Health District.

Overall, Mr. Dick opined that the Session was beneficial to initiatives supported by the Health District.

Mr. Dick reviewed some of the bills not enacted that the Health District had been in support of, such as the minimum wage bills, the fluoridation bill and the provision to add vaping to the Indoor Air Act.

Mr. Dick opined it was interesting, in light of all of the marijuana bills in the Session this year, that there were no bills passed to fund substance abuse programs.

Among some of the other bills of interest that passed was AB203 concerning Cemetery Authorities, which Mr. Dick informed would be discussed in detail in his monthly report. Another was SB355 which creates and funds a grief support trust account for counseling of the bereaved by including \$2.00 for that purpose in the death certificate fee. Mr. Dick informed this will probably require an item to be presented to the Board for an increase in the death certificate fee. SB487, the bill for marijuana excise tax and local government licensing has passed and includes provisions for local government licensing fees. Mr. Dick opined that this may allow some funding for substance abuse even though Senator Ratti's efforts to include that provision in the bill were disallowed.

Mr. Brown acknowledged Mr. Dick for his efforts and those of the Health District staff during this Session, and expressed his appreciation. He also acknowledged those present that worked for the passage of AB85, and thanked the fire agencies, REMSA, Reno and Sparks Fire and North Lake Tahoe Fire for their collaborative efforts that resulted in mandatory CPR and AED programs in schools. Mr. Brown also acknowledged Mr. Dow who is an active member of the American Heart Association Board and for his involvement in this initiative.

Dr. Hess noted that the bills on the list compiled by the Medical Society mirrored the list of the District Health Officer within 80-90%, and was impressed with the similarities in both organizations' interests. He suggested that lobbyists for both organizations collaborate more closely during the next Session.

Mr. Dick wished to acknowledge Ms. Rogers for her role as 'quarterback' for the Health District during the Session. He also wished to acknowledge Mr. Hackett and the Nevada Public Health Association, and informed that Health District staff was able to participate in the advocacy calls with the Nevada Public Health Association. Also, he stated that Mr. Hackett provided lobbying support for NPHA, basically pro bono, and he provided pro bono lobbying assistance to the Health District during the Session as a member of the NPHA. Mr. Dick informed that Mr. Hackett also provided coordination with the medical society and other organizations in Carson City.

Chair Jung observed that the Session's overall outcomes were beneficial to the Health District in comparison to past years. She stated that it had very much to do with the involvement of the District Board of Health and Senator Ratti, noting her level of

commitment and comprehension of the issues. Chair Jung acknowledged the efforts of the District Health Officer as well, stating that the Board would be sure to note his work in his next performance evaluation.

Mr. Dick asked the Chair to join him in acknowledgement of staff for their work in writing letters of testimony and traveling to Carson City to voice the position of the Health District. Chair Jung agreed that the effort and time commitment during the Legislative Session was that of adding a full time job to existing responsibilities.

Mr. Delgado noted that AB259 was not enacted, which would have allowed persons to have their records sealed for possession of an amount of marijuana that is now legal.

Mr. Dahir asked how the Board would be able to get more information on the Community Gardens, and opined that it would be a great benefit to the community. Mr. Dick stated that he would bring back information to the Board at the next District Board of Health Meeting. Mr. Dick informed that the Health District had supported Community Gardens through the Food Security initiative, the Chronic Disease program, and the Food Policy Council but that he had not studied Legislation on the subject.

Chair Jung agreed that between the jurisdictions there was vacant land available for the purpose and that Mr. Delgado, Mr. Dahir and she could champion Community Gardens to their councils.

Mr. Delgado stated that he'd been involved with gardens in town and some that were at schools. He noted that one issue had been getting volunteers to staff the gardens, but that he was also interested in more information.

Dr. Novak moved to accept the update regarding the 2017 Legislative session. Mr. Delgado seconded the motion, which was approved unanimously.

10. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director Program Update, Divisional Update, Program Reports

Ms. Albee informed that she wanted to bring an update to the Board. With her position on the National Association of Clean Air Agency's Board of Directors, Air Quality Management has been working to save the EPA's budget due to the proposed 30% cut in EPA grants to states. AQM dedicates these funds it receives to personnel salaries. She informed that the NACA Board has engaged in writing letters and contacting Senators, especially those on the Appropriations Committee. The first letters were sent in March and didn't receive much response, so a second set of communication was sent. Ms. Albee stated that it is fortunate for Washoe County that Congressman Amodei is on the Appropriations Committee. She informed that she'd sent a letter directly to him and, just this morning, received a call from his office in Washington D.C. to confirm his receipt of the letter and that he was making sure all of the Subcommittee Chairs received their copies. As Congressman Zinke was providing testimony on the Interior budgets, Congressman Amodei brought up the letters he's received and stated his concern about the Interior and the EPA budgets. Ms. Albee opined that discussion at that level of government regarding concern of these proposed cuts may provide some relief.

Dr. Novak inquired if the weather service were to be cut, would it impact AQM's work. Ms. Albee stated that the Weather Service is one of the most important partners that Air Quality Management has, not only for wildfire season, but during ozone season by providing barometric forecasts that affect the potential for inversion. She informed that their own monitoring systems will continue to run, but that another method of getting AQM health alerts out to the public may have to be sought. Dr. Novak asked if the loss

of the Weather Service would impact the budget, and Ms. Albee opined that it was probable. She went on to say that the priority would be to save their staff because that resource in Air Quality Management is limited. The part of the program that may then be lost is AQM's outreach ability, which means that communication to the public could be diminished. Ms. Albee stated that Air Quality Management is in a critical position now, because the ability to insure the public's health and protection while enabling the community's economic growth is threatened. However, she stressed that they are active in their efforts to get their message out, and Appropriations Committees that have heard testimonies from Directors have opined that the budget would not be approved as written.

Dr. Hess asked if there was something that the District Board of Health should do to influence the outcome of this issue. Chair Jung stated she would be happy to pen a letter for Board Members to sign to forward to our representatives. She encouraged Ms. Albee and Health District staff that would be affected by budget cuts to reach out to our lobbyist, Ms. Jaimie Rodriguez, and our Washington DC lobbyist. She also encouraged Commissioners Delgado and Dahir to have their councils contact their Washington DC lobbyists

Chair Jung stated that losing the Weather Service would affect not only Air Quality Management, but Emergency Management and other departments as well. She also encouraged Drs. Hess and Novak to reach out to the medical community for support.

Chair Jung complimented Ms. Albee on her dedication.

B. Community and Clinical Health Services, Steve Kutz, Director

Program Report – WIC Farmers' Market Nutrition Program; Data & Metrics; Program Reports

Mr. Kutz informed he wished to present a KOLO TV news interview for the WIC Program. He stated that WIC doesn't get a great amount of local attention, and that CCHS was excited about this coverage. Mr. Kutz informed that Ms. Dixon, Program Manager for WIC, sent out a press release via Mr. Ulibarri, Health District PIO, and this has sparked quite an interest in the Farmer's Market coupons. This is the first full summer that the Health District's Women, Infants and Children Program has offered these coupons, valued at \$30 to WIC participants. This provides the opportunity for the approximate 5,000 persons participating in the program to access the fresh fruits and vegetables available at Farmer's Markets. Qualification for this program can be obtained online or by telephone.

Chair Jung complimented Mr. Kutz and Ms. Dixon on this PSA. Mr. Kutz stated that he was appreciative of the mom who agreed to be interviewed for this piece. Chair Jung stated that she'd put this interview on social media and had received positive response.

C. Environmental Health Services, Kevin Dick, Acting Director

EHS Division and Program Updates – Childcare, Food, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease and Waste Management

As acting Division Director for EHS, Mr. Dick stated that he had nothing further to add to the report but would be happy to answer questions from the Board.

D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director

Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

Dr. Todd stated that EPHP may also be facing significant budget cuts from the new administration, and had been told to expect the \$250,000 ASPR grant to be completely

cut. Staffing for Inter-Hospital Coordinating Council is funded by the grant, and every attempt would be made to retain some staffing for that cause. Dr. Todd informed that EPHP would be contacting the appropriate Legislators in the attempt to influence the final budget.

Chair Jung noted that this information would also be included in the letters of support written by the District Board of Health Members.

In a recent Communicable Disease staff meeting, Dr. Todd had been informed that there were thirteen potential rabies exposures within the last few weeks. Twelve had been locally exposed to bats, and these were not always able to be brought in for testing. This requires the person to undergo the rabies prophylaxis. Injections are now given in the arm versus the stomach as had been the procedure. Dr. Todd noted the thirteenth case was a person who had been out of the country and had an exposure to a monkey. He informed that, between 1997 and 2006, there were nineteen naturally acquired cases of rabies. Seventeen were associated with bat exposure. The cost for prophylaxis is approximately \$5,000 locally.

Dr. Novak asked what area was associated with the exposures, or if multiple locations were involved. Dr. Todd informed he would confer with staff to discern if there was any common area involved and report back to the Board. He also opined that the excess water from flooding would increase the insect population and potentially the bat population, as well.

E. Office of the District Health Officer, Kevin Dick, District Health Officer

District Health Officer Report – Water System Regulation, Reno City Council Presentation, Cemetery Authorities – AB203, Quality Improvement, Public Health Accreditation, Strategic Plan, Workforce Development, Community Health Improvement Plan, Truckee Meadows Healthy Communities,- Other Events and Activities and Health District Media Contacts

Mr. Dick thanked Mr. Delgado for his invitation to attend the Reno City Council Meeting on June 14th to speak on the water system plan review procedure. Mr. Dick also provided an update on air quality and the ozone rule, and on the Health District's Community Health Initiatives. Following his presentation, Mr. Dick informed that the City of Reno is willing to provide some support from their Enterprise Fund to initiatives that would help streamline workflows and expedite permit processing. He informed that the Health District staff is working with City of Reno staff to implement ideas toward this goal. Mr. Dick wished to express his appreciation for the City of Reno's interest in supporting the Health District on the workflow and permitting process between the two entities.

Mr. Dick reported on the Cemetery Authority's bill, AB203, as requested at the last District Board of Health Meeting. He informed that the bill became effective immediately when the Governor signed it on May 23rd. Under the revised provisions of the law, a Cemetery Authority may not order the disinterment of a burial plot owned by a person other than the Cemetery Authority, and the Cemetery Authority is required to obtain a determination from the Governmental Authority, that the Cemetery Authority cannot restore the Cemetery to a proper operating condition, and the Cemetery Authority cannot sell or lease the cemetery to or enter into a contract with another Cemetery Authority that will properly maintain the cemetery, that is, before they are allowed to disinter the remains under the legal provisions for Cemetery Authorities. Mr. Dick explained that the new law provides for the additional step of a determination by the Governmental Authority, and that the law does not make any changes of the provisions of

the Nevada Revised Statutes, under which the District Health Officer issues a permit for the disinterment or removal of human remains. Mr. Dick stated that the existing permit for Hillside Cemetery expires on August 12, 2017, and stressed that, throughout this process, the Health District has maintained that the permit for disinterment does not relieve the Cemetery Authority of any other legal obligations. Mr. Dick informed that he had coordinated with Ms. Admirand on this summary of the new law and asked if she would like to make any comment, which she did not.

Dr. Novak asked if the Health District is a Governmental Authority, and Mr. Dick opined that was not the case under this law. Chair Jung asked Ms. Admirand which entity would be the Governmental Authority in this instance, and she stated it would be the cities or the County.

Mr. Dick informed that the Accreditation Process is moving forward. He stated that Health District would be completing the Statement of Intent for Public Health Accreditation prior to the end of the month, and that the formal application must be submitted within six months of entering the Statement of Intent.

Mr. Dick stated that part of the Accreditation Process is the Workforce Development Plan, and that the Workforce Development Survey has been completed. He informed the Board that the statistics for training that employees felt they needed, wanted, and both needed and wanted were within his report.

Mr. Dick informed that there will be a Family Health Festival held on Saturday, June 24th at the Evelyn Mount Community Center from 9:00 a.m. to noon.

Chair Jung encouraged Mr. Dahir to engage the City of Sparks through staff time designated to assist with the Safe Drinking Water Program. Mr. Dahir said he would look into the matter.

Since the last meeting, Mr. Dick informed that the Truckee Meadows Healthy Communities had the opportunity to provide a presentation to the Truckee Meadows Regional Planning Agency Governing Board on the Affordable Housing initiative. He stated that the presentation had been in collaboration with the Enterprise Community Partners, a nationally renowned organization whose focus is Affordable Housing issues, and with whom the Health District is working to form a Regional Housing Roadmap. This Roadmap would align approaches across the jurisdictions and set some common goals and methods for achievement. The Governing Board agreed that they wanted to partner with and support the initiative, and to take this back to their jurisdictions to work toward alignment; also, to integrate these initiatives into the Regional Plan.

Chair Jung thanked Mr. Dick for taking such an active role toward the goal of Affordable Housing, because of its direct effect on Public Health. She stated that this is the first time the Health District has ever had a District Health Officer participate at this level. Chair Jung informed that this was the reason why she believes that the District Health Officer should be an administrator and not a physician.

Chair Jung also thanked Mr. Delgado for championing the Safe Drinking Water Program in obtaining the commitment from his staff.

Mr. Delgado expressed his thanks to Mr. Dick and Mr. English for their efforts and flexibility in working with other entities on the development plan review issue. He informed that there was progress in efficiencies and was pleased to work toward a healthier community.

11. *Board Comment

Mr. Dahir asked if there was an existing annual schedule for Mr. Dick to attend the cities and County Board Meetings, and opined that it was important for the District Health Officer

to cultivate a relationship with his Board. Mr. Dick stated that he did not have a set schedule, but that he'd be happy to present at the City of Sparks Board Meeting and would coordinate with Mr. Dahir. Chair Jung interjected that Mr. Dick should have such a schedule.

Chair Jung informed that the District Health Officer, herself, her Chairmen, Commissioner Lucey, Commissioner Hartung, Dr. Todd and Ms. Conti were at the REMSA Emergency Responders event, which had received positive press. She informed that there was a family from Hawaii in attendance. They had flown back to present an award to the two REMSA advanced paramedics that had saved the husband's life after a sudden heart attack. Chair Jung encouraged all to attend this REMSA event that is held annually in May.

Chair Jung acknowledged that Mr. Dick's report highlighted the issues of water system regulation and plan review process. She informed that Commissioner Bob Lucey wished to advise the District Board of Health that the Commission has become aware of challenges with local developers. The Commission has requested an update on the plan review process and the impacts it may have on the future growth within our region and an overall convergence of ideals to expedite plans and new developments. Chair Jung requested Mr. Dick to present to the County and cities once there were definitive answers.

Mr. Delgado informed that the request from Mr. Lucey was similar to the topic covered by Mr. Dick at the recent City of Reno Council Meeting. Mr. Delgado stated that meeting provided clarity and tools for progress, and that it would be beneficial for the other jurisdictions to receive that information as well.

12. *Public Comment

Ms. Cathy Brandhorst shared her concern about the welfare of some of the community's children.

Chair Jung closed the public comment period.

13. Adjournment

Chair Jung adjourned the meeting at 2:16 p.m.

Possible Changes to Agenda Order and Timing. Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent agenda.

Special Accommodations. The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

Public Comment. During the "Public Comment" items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a "Request to Speak" form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

Response to Public Comment. The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will

consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – Limited to Announcement or Issues for future Agendas.”

Posting of Agenda; Location of Website.

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: <https://notice.nv.gov>

How to Get Copies of Agenda and Support Materials. Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Laura Rogers, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at lrogers@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

DD_AH	__
DHO	__ <i>KD</i> __
DA	LA
Risk	_____

Staff Report
Board Meeting Date: July 27, 2017

TO: District Board of Health

FROM: Nancy Kerns Cummins, Fiscal Compliance Officer, Washoe County Health District
775-328-2419, nkcummins@washoecounty.us

SUBJECT: **Accept a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to July 1, 2017 through June 30, 2018 in the total amount of \$64,576.00 (no required match) in support of the Community and Clinical Health Services Division Fetal Infant Mortality Review (FIMR) Program IO#11176 and authorize the District Health Officer to execute the Subgrant Award.**

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements. The District Health Officer is authorized to execute other agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Community and Clinical Health Services Division received a Notice of Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on June 28, 2017 to support the Fetal Infant Mortality Review (FIMR) Program. The funding period is effective to July 1, 2017 and extends through June 30, 2018. A copy of the Notice of Subgrant Award is attached.

District Health Strategic Objective supported by this item: Achieve targeted improvements in health outcomes and health equity.

PREVIOUS ACTION

There has been no previous action taken by the Board this fiscal year.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Maternal and Child Health - Fetal Infant Mortality Review Program

Scope of the Project: The application included the following objectives: conduct a community-based Fetal Infant Mortality Review (FIMR) Program based on Division of Public and Behavioral Health Maternal and Child Health Program guidelines; develop periodic local summary

report of findings and recommendations that address the identified contributing factors leading to fetal and infant deaths.

The Subgrant provides funding for personnel, local travel, operating supplies, educational supplies, incentives for home interviews (gift cards) and indirect expenditures.

Benefit to Washoe County Residents: This Award supports the Fetal Infant Mortality Review (FIMR) Program by looking at a variety of factors that affect the health of the mother, fetus and infant to learn more about how to reduce fetal and infant mortality.

On-Going Program Support: The Health District anticipates receiving continuous funding to support the Fetal Infant Mortality Review (FIMR) Program.

Award Amount: \$64,576.00
Grant Period: July 1, 2017 – June 30, 2018
Funding Source: Federal MCH Block Grant and State General Funds
Pass Through Entity: State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health
CFDA Number: 93.994
Grant ID Number: B04MC29352 through 9/30/17; B04MC30626 after 9/30/17
Match Amount and Type: No match required.
Sub-Awards and Contracts: No Sub-Awards or contracts are anticipated.

FISCAL IMPACT

The FY18 budget was adopted with \$56,622.00 in expenditures. The total award amount is \$64,576.00 (\$58,705.00 direct and \$5,871.00 indirect). A budget amendment in the amount of \$2,083.00 is necessary to bring the Notice of Subgrant Award into alignment with the adopted budget.

Should the Board approve this Subgrant Award, the adopted FY 18 budget will need to be amended as follows:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11176 -431100	Federal Revenue	\$ 1,187.31
-432100	State Revenue	\$ 895.69
	Total Revenue	\$ 2,083.00
2002-IO-11176 -701412	Salary Adjustment	\$ 171.86
-710300	Operating Supplies	\$ 350.00
-701334	Copies	\$ 156.00
-710360	Postage	\$ 100.00
-710500	Other	\$ 250.00
-710502	Printing	\$ 663.14
-710508	Telephone	\$ 138.00

-710512	Auto Expense	\$ 254.00
	Total Expenditures	\$ 2,083.00

RECOMMENDATION

It is recommended that the Washoe County District Board of Health accept a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to July 1, 2017 through June 30, 2018 in the total amount of \$64,576.00 (no required match) in support of the Community and Clinical Health Services Division Fetal Infant Mortality Review (FIMR) Program IO#11176 and authorize the District Health Officer to execute the Subgrant Award.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to accept a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to July 1, 2017 through June 30, 2018 in the total amount of \$64,576.00 (no required match) in support of the Community and Clinical Health Services Division Fetal Infant Mortality Review (FIMR) Program IO#11176 and authorize the District Health Officer to execute the Subgrant Award."



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health
 (hereinafter referred to as the Division)

HD #: **16003**
 Budget Account: **3222**
 Category: **15**
 GL: **8516**
 Job Number: **9399416(7)/
 GFUND16(17)**

NOTICE OF SUBGRANT AWARD

Program Name: Maternal and Child Health Program Bureau of Child, Family and Community Wellness		Subgrantee Name: Washoe County Health District																	
Address: 4150 Technology Way, Suite # 210 Carson City, NV 89706-2009		Address: P.O. Box 11130 Reno, NV 89520-0027																	
Subgrant Period: July 1, 2017 through June 30, 2018.		Subgrantee's: <div style="text-align: right;"> EIN: 88-60000138 Vendor #: T40283400 Dun & Bradstreet: 073786998 </div>																	
Purpose of Award: To conduct a community-based Fetal Infant Mortality Review (FIMR) Program and develop reports of findings and recommendations to address contributing factors to fetal and infant deaths.																			
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: Washoe County																			
Approved Budget Categories:		Disbursement of funds will be as follows:																	
<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ 56,357.00</td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ 354.00</td></tr> <tr><td>3. Operating</td><td style="text-align: right;">\$ 1,994.00</td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>6. Training</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>7. Other</td><td style="text-align: right;">\$ 5,871.00</td></tr> <tr><td>Total Cost:</td><td style="text-align: right;">\$ 64,576.00</td></tr> </table>		1. Personnel	\$ 56,357.00	2. Travel	\$ 354.00	3. Operating	\$ 1,994.00	4. Equipment	\$ _____	5. Contractual/Consultant	\$ _____	6. Training	\$ _____	7. Other	\$ 5,871.00	Total Cost:	\$ 64,576.00	Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$64,576.00 during the subgrant period.	
1. Personnel	\$ 56,357.00																		
2. Travel	\$ 354.00																		
3. Operating	\$ 1,994.00																		
4. Equipment	\$ _____																		
5. Contractual/Consultant	\$ _____																		
6. Training	\$ _____																		
7. Other	\$ 5,871.00																		
Total Cost:	\$ 64,576.00																		
Source of Funds:		% Funds:	CFDA:	FAIN:	Federal Grant #:														
1. MCH Block Grant – Federal		14.25% \$ 9,202	93.994	B04MC29352	B04MC29352														
2. MCH Block Grant – Federal		42.75% \$27,606	93.994	B04MC30626	B04MC30626														
3. State General Fund		43% \$27,768	n/a	n/a	n/a														
Terms and Conditions: In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.																			
Incorporated Documents: Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; and Section F: DPBH Confidentiality Addendum																			
Kevin Dick, Health Officer Washoe County Health District		Signature			Date														
Vickie Ives, MA Maternal Child Adolescent Health Section Manager, MCAH		<i>Vickie Ives</i>			6/23/17														
Beth Handler, MPH Bureau Chief, CFCW		<i>BHandler</i>			6/27/17														
for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health																			

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION A

Assurances

As a condition of receiving subgranted funds from the Nevada State Division of Public and Behavioral Health, the Subgrantee agrees to the following conditions:

1. Grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.
2. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
 - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this subgrant award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, county or local agency, legislature, commission, council, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year. **To acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

THIS SPACE INTENTIONALLY LEFT BLANK

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION B

Description of Services, Scope of Work and Deliverables

Washoe County Health District (WCHD), hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Washoe County Health District

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
Goal 1: Reduce Fetal and Infant Mortality 1. Conduct a community-based Fetal Infant Mortality Review (FIMR) Program based on Division of Public and Behavioral Health Maternal and Child Health Program guidelines	1.1. Identify disparately impacted (e.g.; by race and ethnicity, etc.) populations for Washoe County's (WC) fetal (greater than 20 weeks), neonatal (birth to 28 days) and post neonatal (29 days to 1 year) deaths. 1.2. Examine contributing factors to fetal, neonatal, and post neonatal deaths.	07/30/18 for period ending 6/30/18	1.1. Report the information detailed in the Annual Report. 1.2. Include in FIMR Annual Report, Community Action Team (CAT) and Community Review Team (CRT) agendas and meeting minutes. 1.3. Include in FIMR Annual Report, CAT and CRT agendas and meeting minutes
	1.3. Complete the FIMR review on at least 40 cases. This is approximately 50% of all fetal, neonatal, and post neonatal deaths in Washoe County per year.		1.4. Include in FIMR Annual Report, CAT and CDR Agendas and meeting minutes.
	1.4. Identify three recommendations and implement at least one intervention involving policy, systems, or community norm changes leading to the prevention of fetal, neonatal, and post neonatal deaths.		1.5. Submit a copy of the Interlocal Agreement from the DPBH with the subgrant award and when the State Health Officer changes.
	1.5. Obtain an Interlocal Agreement from the Division of Public and Behavioral Health (DPBH), granting authority to the WCHD to implement NAC 442.054 in respect to fetal, neonatal, and post neonatal deaths in Washoe County as they apply to FIMR, which authorizes identification and contact of patients who have been discharged with birth defects or adverse birth outcomes (including fetal and infant death).		1.6. Document attendance at trainings/meetings and keep on file for audit purposes.
	1.6. Participate in local Maternal Child and Adolescent Health (MCAH) trainings/meetings and visit an established FIMR program for orientation to the FIMR process.		1.7. Submit any changes to the master copy of the Washoe County FIMR
	1.7. Develop the Washoe County FIMR Policies and Procedures, which are derived from the National FIMR policies. (See FIMR Policies and Procedures).		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

	<p>1.8. The WCHD will establish, facilitate, and maintain a Case Review Team (CRT) and a Community Action Team (CAT) to:</p> <ul style="list-style-type: none"> 1.8.1. Review selected cases 1.8.2. Identify medical and nonmedical factors contributing to fetal and infant deaths 1.8.3. Recommend and implement changes addressing the review findings designed to prevent further infant deaths. <p>1.9. Develop a sustainability plan to secure new funding after the end of the subgrant period.</p>	<p>Policies and Procedures with the Annual Report.</p> <p>1.8. Complete and submit the following forms:</p> <ul style="list-style-type: none"> • Committee Memberships • FIMR Issues Checklist • FIMR Tracking Log • Report the information requested in the Annual Report. <p>1.9. Share sustainability progress plan quarterly (Oct, Jan, April)</p>
<p>2. Develop periodic local summary report of findings and recommendations addressing the identified contributing factors leading to fetal and infant deaths.</p>	<p>2.1. Based on case findings with community input, develop and implement objectives, interventions, timelines and evaluation components for identified recommendations addressing systems, community norm or public policy changes.</p> <p>2.2. Disseminate local periodic summary report findings and recommendations to the CAT, local and state policymakers, the community at large, and other local Maternal and Child Health Programs through published reports, press releases, and presentations to increase public awareness of recurring factors causing or contributing to fetal and infant deaths.</p>	<p>2.1. Report the information requested in the Annual Report.</p> <p>2.2. Report the information requested in the Annual Report</p>

Goal 2: Provide information and promote 2-1-1.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>1. Ensure information is up to date on the Nevada 2-1-1 website</p>	<p>1.1 Complete 2-1-1 forms with both program and agency information by August 1, 2017</p> <p>1.2 Promote referral agencies posting on 2-1-1</p>	<p>Ongoing through subgrant period</p>	<p>Documentation regarding Nevada 2-1-1 status will be provided when requested.</p>

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Goal 3: Promote the Tobacco Quitline.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Promote the Nevada Tobacco Quitline	1.1 Include the Nevada Tobacco Quitline information at the Health District	Ongoing through subgrant period	Documentation on the Nevada Tobacco Quitline information included at the Health District will be provided in the Annual Report.

Goal 4: Promote the Medical Home Portal.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Promote the Nevada Children's Medical Home Portal	1.1 Include Nevada Children's Medical Home Portal information at the Health District	Ongoing through subgrant period	Documentation on the Nevada Children's Medical Home Portal information included at the Health District will be provided in the Annual Report.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Numbers B04MC29352 and B04MC30626 from the United States Health Resources and Services Administration (HRSA) and State General Fund. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor HRSA."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Numbers B04MC29352 and B04MC30626 from HRSA and State General Fund Appropriations.

Subgrantee agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$ 56,357.00		
		\$ 30,432.00	One (1) .24 FTE Public Health Nurse II: Base Salary of \$85,746 x .24 = \$20,579 + Fringe of \$9,853 (\$3,600 Group Insurance+ \$144 Workers Compensation + \$49 Unemp. Ins + \$5,762 Retirement + \$298 Medicare) = \$30,432
		\$ 25,925.00	One (1) .33 of FTE Public Health Nurse II: Base salary of \$51,435 * .33 = \$16,973 + Fringe of \$8,952 (\$330 longevity award + \$3,371 Group Insurance + \$119 Workers Compensation + \$41 Unemp Ins + \$4,845 Retirement + \$246 Medicare) = \$25,925
2. Travel	\$ 354.00		
		\$ 214.00	Mileage for home interviews (40 home visits @ 10 miles each x \$.535/mile) = \$214
		\$ 140.00	Mileage to community agencies, doctor's offices, hospitals for medical records reviews and Fetal Infant Mortality Review (FIMR) implementation efforts (75 trips at 3.5 miles each x \$.535/mile) = \$140
3. Operating	\$ 1,994.00		
		\$ 450.00	Educational supplies <ul style="list-style-type: none"> Booklets and brochures as indicated by the Case Review Team and Community Action Team recommendations
		\$ 156.00	Copy Machine (\$13/mo x 12 months = \$156)
		\$ 138.00	Telephone – Conference calls at \$.055/minute. 12 Maternal Child Health (MCH) Coalition meetings at 1.5 hours per call (\$0.055 x 90 minutes x 12 meetings = \$59), 12 Case Review Team meetings at 2 hours per call. \$.055 x 120 minutes x 12 meetings = \$79)
		\$ 100.00	Postage for mailing reports, interview requests, thank you cards and evaluations (\$8.33/mo x 12 = \$100)
		\$ 400.00	Incentives 40 Walmart gift cards @ \$10.00 ea. Utilized as incentives for clients to participate in the home interview.
		\$ 750.00	Printing of information packets \$150 (30 @ \$5.00 ea) + annual reports \$150 (50 @ 3.00 ea)+ General office materials (nte \$300) + copies of medical records (nte \$100), and thank you cards for families (nte \$50) = \$750

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

4. Equipment	\$		
		\$	
5. Contractual Consultant	\$		
		\$	
6. Training	\$		
		\$	
7. Other	\$	5,871.00	
		\$	\$5,871.00
			10% of direct costs of \$58,705 = \$5,871
Total Cost	\$	64,576.00	

- The Division of Public and Behavioral Health allows no more than 10% flexibility, within the approved Scope of Work, unless otherwise authorized in writing (email is acceptable) by the Maternal and Child Health (MCH) Program Manager.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

The Subgrantee agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Approximate amount of payments available to Subgrantee per month is \$5,381.33
- The maximum available through this subgrant is \$64,576.00
 - Grant B04MC29352 expires on September 30, 2017. This subgrant includes an allocation of 14.25%, or \$9,202, to Grant B04MC29352. Any remaining balance after September 30, 2017 transfers to Grant B04MC30626.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.

The Division agrees:

- The Title V/MCH Program will provide to the subgrantee, to ensure successful completion of this project, the following:
 - Technical assistance, upon request from the Subgrantee;
 - Prior approval of reports or documents to be developed;
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Both parties agree:

The Subgrantee will make appropriate personnel available during any scheduled site visits/monitoring.

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.

All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION D

Request for Reimbursement

HD#: 16003
 Budget Account: 3222
 GL: 8516
 Draw #: _____

Program Name: Maternal and Child Health Program Bureau of Child, Family and Community Wellness	Subgrantee Name: Washoe County Health District
Address: 4150 Technology Way, Ste 210 Carson City, NV 89706	Address: PO Box 11130 Reno, NV 89520-0027
Subgrant Period: July 1, 2017 Through June 30, 2018	Subgrantee's: EIN: <u>88-60000138</u> Vendor #: <u>T40283400 Q</u> DUN #: <u>07-378-6998</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS

(must be accompanied by expenditure report/back-up)

Month(s): _____ Calendar year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$56,357.00	\$0.00	\$0.00	\$0.00	\$56,357.00	0.0%
2 Travel	\$354.00	\$0.00	\$0.00	\$0.00	\$354.00	0.0%
3 Operating	\$1,994.00	\$0.00	\$0.00	\$0.00	\$1,994.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7 Other	\$5,871.00	\$0.00	\$0.00	\$0.00	\$5,871.00	0.0%
Total	\$64,576.00	\$0.00	\$0.00	\$0.00	\$64,576.00	0.0%

This report is true and correct to the best of my knowledge

Authorized Signature _____ Title _____ Date _____

Reminder: Request for Reimbursement cannot be processed without an expenditure report/back-up. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? June 30th
4. What is the official name of your organization? Washoe County Health District
5. How often is your organization audited? annually
6. When was your last audit performed? August 2016
7. What time period did your last audit cover July 2015 - June 2016
8. Which accounting firm conducted your last audit? Eide Bailly

Signature

Date

Administrative Health Services Officer

Title

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION F

Confidentiality Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as "Division"

and

Washoe County Health District

Hereinafter referred to as "Contractor"

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Division and Contractor.

WHEREAS, Contractor may have access, view or be provided information, in conjunction with goods or services provided by Contractor to Division that is confidential and must be treated and protected as such.

NOW, THEREFORE, Division and Contractor agree as follows:

I. **DEFINITIONS**

The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Agreement** shall refer to this document and that particular inter-local or other agreement to which this addendum is made a part.
2. **Confidential Information** shall mean any individually identifiable information, health information or other information in any form or media.
3. **Contractor** shall mean the name of the organization described above.
4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

II. **TERM**

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Division or created by Contractor from that confidential information is destroyed or returned, if feasible, to Division pursuant to Clause VI (4).

III. **LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW**

Contractor hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Division for any purpose other than as permitted by Agreement or required by law.

IV. **PERMITTED USES AND DISCLOSURES OF INFORMATION BY CONTRACTOR**

Contractor shall be permitted to use and/or disclose information accessed, viewed or provided from Division for the purpose(s) required in fulfilling its responsibilities under the primary inter-local or other agreement.

V. **USE OR DISCLOSURE OF INFORMATION**

Contractor may use information as stipulated in the primary inter-local or other agreement if necessary for the proper management and administration of Contractor; to carry out legal responsibilities of Contractor; and to provide data aggregation services relating to the health care operations of Division. Contractor may disclose information if:

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

1. The disclosure is required by law; or
2. The disclosure is allowed by the inter-local or other agreement to which this Addendum is made a part; or
3. The Contractor has obtained written approval from the Division.

VI. OBLIGATIONS OF CONTRACTOR

1. **Agents and Subcontractors.** Contractor shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Contractor and are contained in Agreement.
2. **Appropriate Safeguards.** Contractor will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
3. **Reporting Improper Use or Disclosure.** Contractor will immediately report in writing to Division any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
4. **Return or Destruction of Confidential Information.** Upon termination of Agreement, Contractor will return or destroy all confidential information created or received by Contractor on behalf of Division. If returning or destroying confidential information at termination of Agreement is not feasible, Contractor will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Contractor maintains will not be used or disclosed.

IN WITNESS WHEREOF, Contractor and the Division have agreed to the terms of the above written Addendum as of the effective date of the inter-local or other agreement to which this Addendum is made a part.

CONTRACTOR/ORGANIZATION

DIVISION

7/27/17

Signature Date

Kevin Dick

Print Name

District Health Officer

Title

Signature Date

for Cody L. Phinney, MPH

Administrator,
Division of Public and Behavioral Health

Title

DD	NA	___
DHO	___	KD
DA	NA	___
Risk	NA	___

STAFF REPORT
BOARD MEETING DATE: July 27, 2017

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
 328-2417, aheenan@washoecounty.us
SUBJECT: Acknowledge receipt of the Health Fund Financial Review for June, Fiscal Year 2017

SUMMARY

The twelve months of fiscal year 2017 (FY17) ended with a cash balance of \$3,423,236. Total revenues were \$21,860,880 up \$1,391,010 or 6.8% over fiscal year 2016 (FY16) and were 101.1% of the FY17 budget. The total unaudited expenditures for the year were \$21,147,615 up \$1,377,083 or 7.0% compared to FY16 and 92.5% of budget. There is a deficit of \$1,227,669 budgeted for FY17 but the actual reflects a surplus of \$713,265 generating a fund balance of \$3,681,109 or 17% of total expenditures which is within the Board of County Commissioners Fund balance policy of a 10% - 17% balance for special revenue funds.

District Health Strategic Objective supported by this item: Financial Stability: Enable the Health District to make long-term commitments in areas that will positively impact the community’s health by growing reliable sources of income.

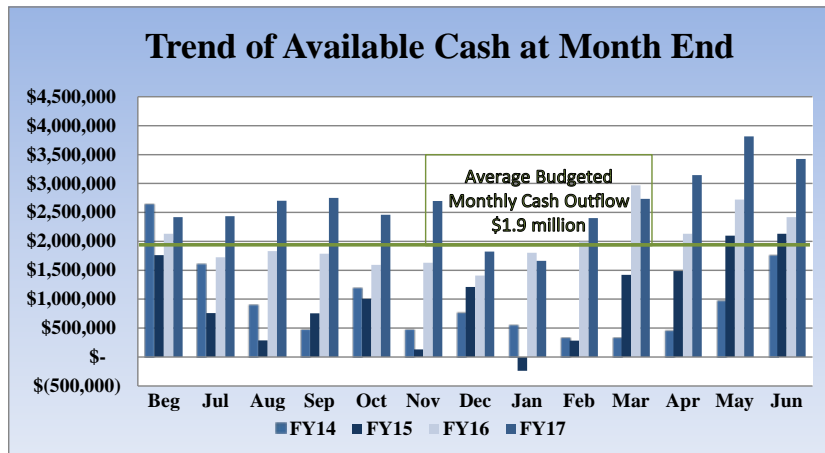
PREVIOUS ACTION

Fiscal Year 2017 Budget was adopted May 17, 2016.

BACKGROUND

Review of Cash

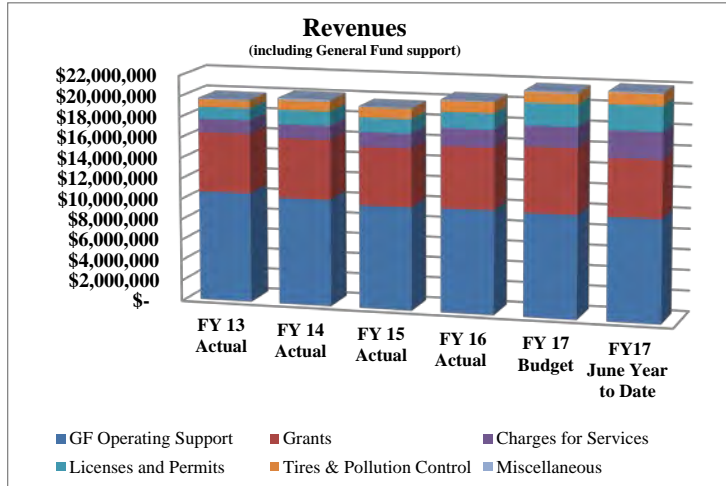
The available cash at the end of June, FY17, was \$3,423,236 which was 179.8% of the average budgeted monthly cash outflow of \$1,904,419 for the fiscal year and up 41.5% or \$1,004,425 compared to the same time in FY16. The encumbrances and other liability portion of the cash balance totals \$678,776; the portion of cash restricted as to use is approximately \$1,143,550 (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$1,600,910.



Note: January FY15 negative cash is due to no County General Fund support being transferred to the Health Fund leading to a negative cash situation.

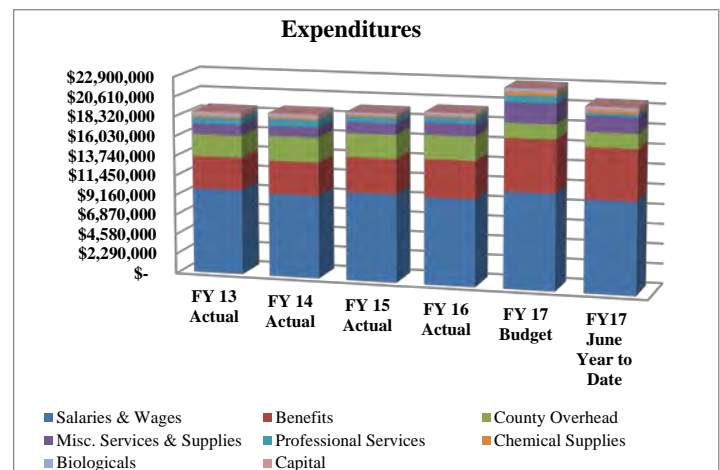


Review of Revenues (including transfers from General Fund) and Expenditures by category



Total year to date **revenues** of \$21,860,880 were up \$1,391,010 which was an increase of 6.8% over the same time last fiscal year and were 101.1% of budget. The revenue categories that were up over last fiscal year are as follows: licenses and permits of \$2,423,041 were up \$863,301 or 55.3% mainly due to fee increases effective July 1, 2016 and an increase in the work load associated with the fees; miscellaneous revenues of \$100,965 were up \$20,205 or 25.0%; tire and pollution control revenues of \$1,136,655 were up \$72,020 or 6.8%; and, charges for services of \$2,616,248 were up \$915,730 or 53.9%. The revenue categories that were down compared to FY16 include: federal and state grant reimbursements of \$5,581,590 were down \$405,273 or 6.8%; fines and forfeitures for illegal dumping were down \$500; and, the County General Fund transfer of \$10,002,381 was down \$74,475 or 0.7%; however, it is up by \$205,525 from the original budget due to the contingency transfer for the additional mosquito abatement that was required due to the 2017 floods.

The total year to date **expenditures** of \$21,147,615 increased by \$1,377,083 or 7.0% compared to the same time frame in FY16. Salaries and benefits expenditures for the fiscal year were \$16,554,003 up \$2,144,276 or 14.9% over the prior year. The total services and supplies and regional permitting system expenditures of \$4,532,898 were down \$765,905 which was a 14.5% decrease. The major expenditures included in the services and supplies are: the professional services which totaled \$316,472 and were down \$310,639 or 49.5% over the prior year; chemical supplies of \$403,041 were up 61.2% or \$152,952 over last year due to the increase in supplies for the additional mosquito abatement required due to the 2017 floods; the biologicals of \$245,732 were up \$17,960 or 7.9%; and, County overhead charges of \$1,700,797 were down 39.2% or \$1,095,086 over last year due to the shift of \$1,181,460 of retiree health benefits charges reallocated from overhead to the benefits category. There has been \$60,714 in capital expenditures this fiscal year compared to \$62,001 spent in FY16.



Review of Revenues and Expenditures by Division

ODHO has received funding of \$51,228 for workforce development initiatives and the Community Health Needs Assessment and spent \$904,247 up \$309,575 over FY16 mainly due to the increase in County overhead, employee benefit costs and filling a new position created to assist with the community health improvement initiatives. **AHS** has spent \$1,119,057 up \$123,035 over last year mainly due to the utility costs previously being part of the County indirect cost allocation that is now directly charged to Health. **AQM** revenue was \$2,979,720 which was up \$459,267 compared to FY16 and spent \$2,856,777 up \$186,141 over last fiscal year due to costs for advertisement campaigns and increased County benefit charges. Given the surplus of \$122,943 the division did not require the use of County General Fund support. **CCHS** revenue was \$3,504,921 which was down \$2,047 over FY16. This is an artificial decline due to the year-end closing procedures; all grants have not been billed so we anticipate another \$150,000 in grant billings to be posted to FY17. CCHS has spent \$7,286,708 year to date and is up \$406,124 over last year. The division required \$3,781,787 of the County General Fund support. **EHS** revenue was \$3,402,823 up \$1,193,564 over FY16 due to fee increases and increased work activities. EHS spent \$6,364,527 and has increased \$424,567 over last year. The division required \$2,961,704 of the County General Fund support which included the additional \$205,525 in contingency funding to cover additional mosquito abatement required due to the 2017 floods. **EPHP** revenue was \$1,919,807 down \$221,527 over last year mainly due to loss of grant funding for the Public Health Preparedness program. The expenditures were \$2,616,301 down \$72,359 over FY16. The total County General Fund support required by EPHP was \$696,494.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2012/2013 through June Year to Date Fiscal Year 2016/2017 (FY17)									
	Actual Fiscal Year				Fiscal Year 2016/2017				
	2012/2013	2013/2014	2014/2015	2015/2016	Adjusted Budget	June Year to Date (unaudited)	Percent of Budget	FY17 Increase over FY16	
Revenues (all sources of funds)									
ODHO	-	-	-	15,000	55,000	51,228	93.1%	241.5%	
AHS	33,453	87,930	151	-	-	-	-	-	
AQM	2,068,697	2,491,036	2,427,471	2,520,452	2,712,329	2,979,720	109.9%	18.2%	
CCHS	3,322,667	3,388,099	3,520,945	3,506,968	3,854,396	3,504,921	90.9%	-0.1%	
EHS	1,828,482	1,890,192	2,008,299	2,209,259	2,936,786	3,402,823	115.9%	54.0%	
EPHP	1,833,643	1,805,986	1,555,508	2,141,334	2,064,462	1,919,807	93.0%	-10.3%	
GF support	8,623,891	8,603,891	10,000,192	10,076,856	10,002,381	10,002,381	100.0%	-0.7%	
Total Revenues	\$17,710,834	\$18,267,134	\$19,512,566	\$20,469,870	\$21,625,354	\$21,860,880	101.1%	6.8%	
Expenditures (all uses of funds)									
ODHO	-	-	481,886	594,672	1,034,641	904,247	87.4%	52.1%	
AHS	1,366,542	1,336,740	1,096,568	996,021	1,132,724	1,119,057	98.8%	12.4%	
AQM	2,629,380	2,524,702	2,587,196	2,670,636	3,390,331	2,856,777	84.3%	7.0%	
CCHS	6,765,200	6,949,068	6,967,501	6,880,584	7,634,095	7,286,708	95.4%	5.9%	
EHS	5,614,688	5,737,872	5,954,567	5,939,960	6,811,642	6,364,527	93.4%	7.1%	
EPHP	2,439,602	2,374,417	2,312,142	2,688,659	2,849,590	2,616,301	91.8%	-2.7%	
Total Expenditures	\$18,815,411	\$18,922,800	\$19,399,859	\$19,770,532	\$22,853,023	\$21,147,615	92.5%	7.0%	
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	-	-	(481,886)	(579,672)	(979,641)	(853,019)			
AHS	(1,333,088)	(1,248,810)	(1,096,417)	(996,021)	(1,132,724)	(1,119,057)			
AQM	(560,683)	(33,666)	(159,725)	(150,183)	(678,002)	122,943			
CCHS	(3,442,533)	(3,560,969)	(3,446,556)	(3,373,616)	(3,779,699)	(3,781,787)			
EHS	(3,786,206)	(3,847,680)	(3,946,268)	(3,730,701)	(3,874,856)	(2,961,704)			
EPHP	(605,958)	(568,431)	(756,634)	(547,325)	(785,128)	(696,494)			
GF Operating	8,623,891	8,603,891	10,000,192	10,076,856	10,002,381	10,002,381			
Surplus (deficit)	\$ (1,104,577)	\$ (655,666)	\$ 112,707	\$ 699,338	\$ (1,227,669)	\$ 713,265			
Fund Balance (FB)	\$ 2,811,465	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 1,740,175	\$ 3,681,109			
FB as a % of Expenditures	15%	11%	12%	15%	8%	17%			
Note: ODHO=Office of the District Health Officer, AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services, EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund									

FISCAL IMPACT

No fiscal impact associated with the acknowledgement of this staff report.

RECOMMENDATION

Staff recommends that the District Board of Health acknowledge receipt of the Health Fund Financial Review for June, Fiscal Year 2017.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund Financial Review for June, Fiscal Year 2017.

Attachment:
Health District Fund financial system summary report

Period: 1 thru 13 2017 P&L Accounts
 Accounts: GO-P-L
 Business Area: *
 Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance	Act%
422503 Environmental Permits	56,527-	84,301-	27,774	149	46,317-	60,574-	14,257	131
422504 Pool Permits	169,246-	176,922-	7,676	105	97,000-	108,817-	11,817	112
422505 RV Permits	18,590-	20,929-	2,339	113	11,000-	12,219-	1,219	111
422507 Food Service Permits	805,632-	905,964-	100,332	112	509,823-	526,467-	16,644	103
422508 Wst Well Const Perm	78,840-	111,791-	32,951	142	30,000-	55,872-	25,872	186
422509 Water Company Permits	21,850-	59,672-	37,822	273	5,000-	18,688-	13,688	374
422510 Air Pollution Permits	608,864-	554,557-	54,307-	91	477,443-	523,612-	46,169	110
422511 ISDS Permits	165,195-	247,461-	82,266	150	75,000-	113,263-	38,263	151
422513 Special Event Permits	168,108-	165,923-	2,186-	99	90,000-	103,868-	13,868	115
422514 Initial Applic Fee	55,800-	95,522-	39,722	171	31,000-	36,360-	5,360	117
* Licenses and Permits	2,148,652-	2,423,041-	274,389	113	1,372,583-	1,559,740-	187,157	114
431100 Federal Grants	5,651,096-	4,940,378-	710,718-	87	5,723,952-	5,378,354-	345,598-	94
431105 Federal Grants - Indirect	461,750-	443,472-	18,277-	96	291,791-	400,344-	108,552	137
432100 State Grants	211,364-	181,989-	29,378-	86	209,951-	192,968-	16,984-	92
432105 State Grants-Indirect	16,597-	15,755-	842-	95	15,457-	15,197-	260-	98
432310 Tire Fee NRS 444A.090	475,000-	582,745-	87,745	118	468,548-	465,345-	3,203-	99
432311 Pol Ctr 445B.830	550,000-	573,910-	23,910-	104	550,290-	599,290-	49,290	109
* Intergovernmental	7,365,806-	6,718,246-	647,560-	91	7,259,700-	7,051,497-	208,202-	97
460162 Services to Other Agencies	39,417-	17,068-	22,349-	43	28,421-	26,564-	1,856-	93
460500 Other Immunizations	42,150-	46,213-	4,063	110	89,000-	25,946-	63,054-	29
460501 Medicaid Clinical Services	59,935-	146,149-	86,214	244	8,200-	65,551-	57,351	799
460503 Childhood Immunizations	13,024-	174-	12,850-	1	20,000-	13,293-	6,708-	66
460504 Maternal Child Health								
460507 Medicaid Admin Claiming								
460508 Tuberculosis		115				85		
460509 Water Quality	7,000-	7,381-	381	105	4,100-	6,750-	2,650	165
460510 IT Overlay	500-	710-	210	142		354-	354	
460511 Birth and Death Certificates	39,025-	42,478-	3,453	109	35,344-	36,768-	1,424	104
460512 Duplication Service Fees	490,000-	548,064-	58,064	112	470,000-	521,837-	51,837	111
460513 Other Health Service Charges		911-	911			1,738-	1,738	
460514 Food Service Certification	60,908-	90,058-	29,150	148	10,167-	44,833-	34,666	441
460515 Medicare Reimbursement		1,176-	1,176		18,000-	294-	17,706-	2
460516 Pgm Inc-3rd Prty Rec								
460517 Influenza Immunization	16,394-	114,299-	97,905	697	1,450-	26,029-	24,579	1,795
460518 STD Fees	17,200-	33,810-	16,610	197	7,000-	21,920-	7,000-	104
460519 Outpatient Services	1,200-	41-	1,159-	3	21,000-	1,505-	1,505	
460520 Eng Serv Health	120,960-	157,152-	36,192	130	50,000-	80,539-	30,539	161
460521 Plan Review - Pools & Spas	8,470-	18,379-	9,909	217	1,500-	8,016-	6,516	534
460523 Plan Review - Food Services	56,150-	54,587-	1,563-	97	20,000-	24,608-	4,608	123
460524 Family Planning	35,000-	50,200-	15,200	143	32,000-	48,763-	16,763	152
460525 Plan Review - Vector	82,842-	86,433-	3,591	104	42,000-	76,713-	34,713	183
460526 Plan Review-Air Quality	79,589-	72,299-	7,290-	91	60,804-	56,741-	4,063-	93

Period: 1 thru 13 2017
 Accounts: GO-P-L P&L Accounts
 Business Area: *

Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance	Act%
460527 NOE-AQM	176,103-	182,856-	6,753	104	116,984-	126,023-	9,039	108
460528 NESHAP-AQM	153,862-	189,021-	35,159	123	99,333-	119,536-	20,203	120
460529 Assessments-AQM	81,614-	89,869-	8,275	110	51,336-	60,519-	9,183	118
460530 Inspector Registr-AQ	4,618-	4,536-	72-	98	2,162-	2,848-	686	132
460531 Dust Plan-Air Quality	257,784-	504,360-	246,576	196	142,403-	271,308-	128,905	191
460532 Plan Rvw Hotel/Motel	2,530-	1,026-	1,504-	41	2,530-	646-	1,884-	26
460533 Quick Start		251-	251					
460534 Child Care Inspection	14,904-	17,036-	2,132	114	8,514-	8,606-	92	101
460535 Pub Accomod Inspectn	33,060-	41,636-	8,576	126	19,000-	22,185-	3,185	117
460570 Education Revenue								
* Charges for Services	97,142-	98,171-	1,029	101				
	1,991,371-	2,616,248-	624,877	131	1,361,248-	1,700,518-	339,270	125
* Fines and Forfeitures						500-	500	
						500-	500	
481150 Interest-Non Pooled		41-	41					
484000 Donations, Contributions	4,000-	4,000-		100	3,000-	3,700-	700	123
484050 Donations Federal Pgm Income	24,201-	15,775-	8,426-	65	37,550-	26,059-	11,491-	69
484195 Non-Govt'l Grants								
484197 Non-Gov. Grants-Indirect	11,367-	12,994-	1,627	114	11,631-	11,288-	343-	97
485100 Reimbursements	42,576-	31,084-	11,492-	73	38,030-	38,030-	569-	99
485300 Other Misc Govt Rev	35,000-	37,071-	2,071	106	308-	308-	308	
** Miscellaneous	117,144-	100,964-	16,180-	86	90,780-	79,385-	11,396-	87
** Revenue	11,622,973-	11,858,499-	235,526	102	10,084,311-	10,391,639-	307,328	103
701110 Base Salaries	9,864,879	9,559,207	305,671	97	9,758,662	9,031,743	726,919	93
701120 Part Time	314,723	225,332	89,391	72	398,206	352,976	45,230	89
701130 Pooled Positions	475,463	386,579	88,885	81	374,608	358,776	15,832	96
701140 Holiday Work	4,319	1,748	2,571	40	4,319	2,154	2,165	50
701150 xcContractual Wages								
701199 Bud Labor Cost Savings-Wages	165,730	163,022	2,708	98	166,775	160,949	5,826	97
701200 Incentive Longevity	80,479	92,244	11,765-	115	64,681	75,607	10,926-	117
701300 Overtime	287	246	40	86	302	323	21-	107
701403 Shift Differential	38,000	30,574	7,426	80				
701406 Standby Pay	5,000	3,822	1,178	76				
701408 Call Back	84,557	84,557			1,000	1,186	186-	119
701412 Salary Adjustment	84,423	161,254	76,831-	191	43,993-	58,470	43,993-	118
701413 Vac Payoff/Sick Pay-Term		3,744	3,744		49,515	416	8,955-	
701414 Vacation Denied-Payoff		14,130	14,130-	*0389	7,603	7,218	385	95
701417 Comp Time	0	2,155	2,155-			2,796	2,796-	
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	11,117,860	10,644,058	473,802	96	10,781,678	10,052,614	729,064	93
705110 Group Insurance	1,755,795	1,607,689	148,107	92	1,602,223	1,480,594	121,629	92
705115 Employer HSA Contributions	529	74,875	74,347-	14158				

Period: 1 thru 13 2017
 Accounts: GO-P-L P&L Accounts
 Business Area: *

Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance	Act%
705190 OPEB Contribution	1,181,460	1,181,460	0-	100				
705199 Lab Cost Sav-Benef	2,907,355	2,793,021	114,334	96	2,870,083	2,654,379	215,704	92
705210 Retirement								
705215 Retirement Calculation	143,403	146,063	2,660-	102	143,292	137,514	5,778	96
705230 Medicare April 1986	93,193	95,085	1,893-	102	69,143	69,143	1-	100
705320 Workmens Comp	13,751	11,753	1,999	85	15,483	15,483	0-	100
705330 Unemploy Comp	21,529	21,529						
705360 Benefit Adjustment	6,117,014	5,909,945	207,069	97	4,700,224	4,357,113	343,110	93
* Employee Benefits	655,630	219,800	435,830	34	832,764	551,011	281,753	66
710100 Professional Services		4,506-						
710101 Lab Testing Services	9,971	9,597	374	96	9,621	9,182	439	95
710105 Medical Services	61,210	58,843	2,368	96	137,971	58,657	79,314	43
710108 MD Consultants	39,600	23,726	15,874	60	7,279	8,262	983-	114
710110 Contracted/temp.Services								
710119 Subscribing Payments		300-						
710155 Lobbying Services	91,731	83,314	8,417	91	172,990	59,068	113,922	34
710200 Services Contract	14,843	12,701	2,142	86	24,189	20,797	3,392	86
710205 Repairs and Maintenance	12,319	2,942	9,378	24	16,607	12,770	3,837	77
710210 Software Maintenance	178,449	153,989	24,460	86	278,249	200,555	77,694	72
710300 Operating Supplies	1,435	1,266	169	88	23,685	794	22,891	3
710302 Small Tools & Allow	1,600	1,773	173-	111	1,600	1,084	516	68
710308 Animal Supplies								
710310 Parts and Supplies	438,225	403,041	35,184	92	231,900	250,088	18,188-	108
710319 Chemical Supplies								
710325 Signs and Markers	35,875	20,065	15,811	56	30,061	29,011	1,050	97
710334 Copy Machine Expense	2,001	6,043	4,042-	302				
710335 Copy Machine-Copy Charges	42,667	43,718	1,051-	102	38,213	36,629	1,584	96
710350 Office Supplies	15,690	7,744	7,946	49	6,015	8,041	2,026-	134
710355 Books and Subscriptions	21,774	16,977	4,797	78	27,382	19,740	7,642	72
710360 Postage	370	424	54-	115	850	159	691	19
710361 Express and Courier	125		125		100	184	84-	184
710391 Fuel & Lube								
710400 Payments to Other Agencies	31,500	76,272	44,772-	242				
710412 Do Not Use								
710500 Other Expense	105,780	12,395	93,384	12	39,891	29,001	10,890	73
710502 Printing	26,573	15,038	11,535	57	29,668	18,826	10,842	63
710503 Licenses & Permits	9,245	4,728	4,517	51	6,770	7,155	385-	106
710504 Registration		504	504-					
710505 Rental Equipment	1,800	1,800		100	1,800	1,800		100
710506 Dept Insurance Deductible		734	734-					
710507 Network and Data Lines	9,662	7,762	1,900	80	9,755	8,202	1,553	84
710508 Telephone Land Lines	36,606	35,475	1,131	97	36,040	34,311	1,729	95
710509 Seminars and Meetings	47,577	46,927	650	99	52,467	34,706	17,761	66

Period: 1 thru 13 2017 P&L Accounts
 Accounts: GO-P-L
 Business Area: *

Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance	Act%
621001 Transfer From General	10,002,381-	10,002,381-		100	10,076,856-	10,076,856-		100
* Transfers In	10,002,381-	10,002,381-		100	10,076,856-	10,076,856-		100
812230 To Reg Permits-230	58,081	58,081		100	58,081	58,081		100
814430 To Reg Permits Capit								
* Transfers Out	58,081	58,081		100	58,081	58,081		100
** Other Financing Src/Use	9,944,300-	9,944,300-		100	10,018,775-	10,020,150-	1,375	100
*** Total	1,227,669	713,265-	1,940,934	58-	1,648,509	699,339-	2,347,848	42-

DD	CA	-
DHO		KD
DA		
Risk		

Staff Report
Board Meeting Date: July 27, 2017

TO: District Board of Health
FROM: Charlene Albee, Director, Air Quality Management Division
(775) 784-7211, calbee@washoecounty.us
SUBJECT: Recommendation for the Board to Uphold Unappealed Notice of Violation Citation No. 5588 Issued to Pine-Reno LLC, Case No. 1195, with a \$5,640.00 Negotiated Fine.

SUMMARY

Washoe County Air Quality Management Division Staff recommends Citation No. 5588 be **upheld** and a fine of **\$5,640.00** be levied against Pine-Reno LLC for failure to conduct an asbestos survey and obtain a completed Asbestos Assessment Acknowledgement Form prior to the removal of regulated asbestos containing material in a multi-family/commercially regulated facility. Failure to conduct an asbestos survey and submit the required notification prior to the removal of regulated asbestos containing material is a **major violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.107.A - Asbestos Sampling and Notification.

District Health Strategic Objective supported by this item: Healthy Environment – Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

No previous actions.

BACKGROUND

On May 16, 2017, Senior Air Quality Specialist (Sr. AQS) Joshua Restori received a complaint from the City of Reno Building Department regarding a possible asbestos disturbance at Pine-Reno LLC (dba Willowbrook Apartment Homes) located at 4050 Baker Lane in Reno. Sr. AQS Restori responded immediately to the complaint and arrived at the apartment complex where he met Mr. Oscar Ortiz, Maintenance Supervisor with The Apartment Company. Mr. Ortiz explained the property at Pine-Reno LLC was recently purchased by The Apartment Company and was undergoing renovations where the windows were being replaced, new HVAC systems were being installed and the exterior siding was being repaired.

Washoe County Air Quality Management Division (AQMD) was contacted after it was discovered that approximately 1-1.5 inches of drywall was removed from around each window jamb to accommodate new double pane vinyl windows. The drywall was textured in the apartment units and therefore all of the material removed from jambs contained textured drywall which is a suspect asbestos containing material. There was no building permit issued for the replacement of the windows and consequently no Asbestos Assessment Acknowledgement Form had been submitted to AQMD to demonstrate that the material removed was tested for asbestos prior to removal or disturbance.

AIR QUALITY MANAGEMENT

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520
AQM Office: 775-784-7200 | Fax: 775-784-7225 | washoecounty.us/health
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



In order for a building permit to be issued, the completion of an asbestos survey would be required with the results submitted to AQMD to allow for the issuance of an Asbestos Assessment Acknowledgement Form.

On May 16, 2017, Mr. Pino Ficara, Asset Manager for the Apartment Company, called Sr. AQS Restori to discuss the possible asbestos disturbance issue at Pine-Reno LLC. Mr. Ficara stated all 26 buildings will be tested in the same manner and if the materials are determined to contain asbestos, a licensed asbestos abatement contractor would be contracted to remove the asbestos containing materials moving forward. Mr. Ficara stated he would like to meet with Sr. AQS Restori on May 23, 2017 to discuss the matter after the testing was completed.

On May 23, 2017, Sr. AQS Restori met with Mr. Ficara at the Pine-Reno LLC main office to discuss the asbestos violations that may have occurred while replacing the windows in the apartment complex. During the discussion, the results of the asbestos survey revealed the texture applied to the drywall throughout the apartment complex contained 1-5% of chrysotile asbestos fibers. Further, it was determined that approximately 1 square foot of drywall with asbestos containing texture was removed, on average, per window inside the apartment units. This was determined by calculating the average amounts of surface area of drywall removed from the sides and the top of the different window or sliding glass door jambs. Each apartment unit contained an average of 8 windows resulting in an estimated total amount of drywall removed in each unit of approximately 8 square feet. During the discussion with Mr. Ficara, it was discovered that approximately 84 apartments had the windows replaced resulting in a total disturbance and removal of approximately 672 square feet of asbestos containing texture since the beginning of the project.

Pine-Reno LLC is defined as a "Facility" by 40 CFR 61, Subpart M Subsection 61.141 and therefore any asbestos disturbed at the location is regulated under this rule and Washoe County District Board of Health Regulations Governing Air Quality Management Section 030.107. Sr. AQS Restori issued Notice of Violation No. 5588 to Pine-Reno LLC for violation of Section 030.107.A Asbestos Sampling and Notification for failure to conduct an asbestos survey or obtain a completed Asbestos Assessment Acknowledgement Form prior to the replacement of exterior windows and disturbing asbestos containing materials. Mr. Ficara understood the circumstances regarding the noncompliance and signed Notice of Violation Citation No. 5588. After signing the notice of violation citation, Sr. AQS Restori and Mr. Ficara discussed the next steps required to bring the apartment complex into compliance with the regulations and move forward with the proposed renovation project. These discussions included conducting air clearance monitoring in the units that had the windows replaced and abatement procedures that would be required for the remaining units scheduled for window replacement. All air clearance samples indicated indoor fiber levels to be below threshold levels of 0.01 fibers/cc.

On June 1, 2017, Sr. AQS Restori conducted a negotiated settlement meeting attended by Permitting and Enforcement Branch Chief Michael Wolf and Mr. Ficar. A settlement of Notice of Violation No. 5588 was negotiated in the amount of \$5,640.00. Mr. Ficara accepted the conditions of the negotiated settlement and a Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board upholding the issuance of the Notice of Violation Citation and associated fine. All fine money collected is forwarded to the Washoe County School District to be used for environmentally focused projects for the benefit of the students.

RECOMMENDATION

Staff recommends the District Board of Health **uphold** Notice of Violation Citation No. 5588, Case No. 1195, and levy a fine in the amount of **\$5,640.00** as a negotiated settlement for a **major violation**.

ALTERNATIVE

An alternative to upholding the Staff recommendation as presented would include:

1. The Board may determine no violation of the regulations has occurred and dismiss Citation No. 5588.

Or

2. The Board may determine to uphold Citation No. 5588 and levy any fine in the range of \$0 to \$10,000 per day for the major violation.

POSSIBLE MOTION(S)

Should the Board agree with Staff's recommendation or the alternatives, a possible motion would be:

1. "Move to grant the uphold Citation No. 5588, Case No. 1195, as recommended by Staff."

Or

2. "Move to uphold Citation No. 5588, Case No. 1195, and levy a fine in the amount of *(range of \$0 to \$10,000)* per day for each major violation, with the matter being continued to the next meeting to allow for Pine-Reno LLC to be properly noticed."



WASHOE COUNTY HEALTH DISTRICT
 AIR QUALITY MANAGEMENT DIVISION
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512
 (775) 784-7200



NOTICE OF VIOLATION

NOV 5588

DATE ISSUED: 5/24/17

ISSUED TO: Pine - Reno LLC PHONE #: (775) 825-4090

MAILING ADDRESS: 4050 Baker Lane CITY/ST: Reno, NV ZIP: 89509

NAME/OPERATOR: Pino Filara PHONE #: (760) 408-0884

COMPLAINT NO. WLCMP17-00217

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 5/24/17 (DATE) AT 13:45 (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|--|---|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input checked="" type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 ODOR/NUISANCE | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 DIESEL IDLING | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input checked="" type="checkbox"/> OTHER <u>030.107.A.</u> |

VIOLATION DESCRIPTION: Failure to conduct an asbestos survey, or obtain a completed "Asbestos Assessment Acknowledgement Form," prior to the replacement of exterior windows at the above address.

LOCATION OF VIOLATION: Throughout the apartment complex.

POINT OF OBSERVATION: Direct.

Weather: N/A Wind Direction From: N E S W

Emissions Observed: None
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on 5/24/17 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 14 hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 5/24/17

Issued by: Joshua C. Reston Title: Sr. A&Q Specialist

PETITION FOR APPEAL FORM PROVIDED

**WASHOE COUNTY
HEALTH DISTRICT**

ENHANCING QUALITY OF LIFE

MEMORANDUM OF UNDERSTANDING

**WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION**

Date: June 1, 2017

Company Name: Pine-Reno LLC

Address: 4050 Baker Lane Reno, Nevada 89509

Notice of Violation # 5588 Case # 1195

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 030.107.A - Failure to conduct an asbestos survey, or obtain a completed "Asbestos Assessment Acknowledgement Form" prior to window replacement at the above address.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 5640.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on July 27, 2017

The undersigned agrees to waive an appeal to the Air Pollution Control Hearing Board so this matter may be submitted directly to the District Board of Health for consideration.



Signature of Company Representative

Pellegrino Pivo Ficara

Print Name

MANAGING MEMBER.

Title

Witness



Signature of District Representative

Michael Wolf

Print Name

Branch Chief

Title



Witness



**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name Pine-Reno LLC
 Contact Name Pino Ficara

Case 1195 NOV 5588 WVIO-AQM 17-0007

I. Violation of Section 303.107.A Asbestos Sampling and Notification

I. **Recommended/Negotiated Fine** = \$ 5640

II. Violation of Section 0

II. **Recommended/Negotiated Fine** = \$ 0

III. Violation of Section 0

III. **Recommended/Negotiated Fine** = \$ 0

IV. Violation of Section 0

IV. **Recommended/Negotiated Fine** = \$ 0

V. Violation of Section 0

V. **Recommended/Negotiated Fine** = \$ 0

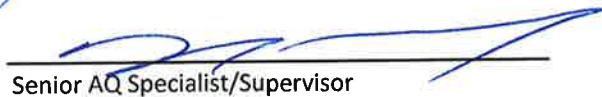
Total Recommended/Negotiated Fine = \$ 5640



 Air Quality Specialist

6/1/17

 Date



 Senior AQ Specialist/Supervisor

6/1/17

 Date

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name Pine-Reno LLC
Contact Name Pino Ficara

Case 1195 NOV 5588 WVIO-AQM 17-0007

Violation of Section 303.107.A Asbestos Sampling and Notification

I. Base Penalty as specified in the Penalty Table = \$ 2000

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 Adjustment Factor 1

Comment: Violation of 030.000 constitutes a major violation per 020.040.A

2. Toxicity of Release

Criteria Pollutant – 1x
Hazardous Air Pollutant – 2x Adjustment Factor 2.0

Comment: Asbestos fibers are considered a Hazardous Air Pollutant per the Clean Air Act

3. Environmental/Public Health Risk (Proximity to sensitive environment or group)

Negligible – 1x Moderate – 1.5x Significant – 2x Adjustment Factor 2.0

Comment: Asbestos fibers were improperly disturbed in occupied apartment homes

Total Adjustment Factors (1 x 2 x 3) = 4

B. Adjusted Base Penalty

Base Penalty \$ 2000 x Adjustment Factor 4 = \$ 8000

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 8000 x Number of Days or Units 1 = \$ 8000

Comment: _____

D. Economic Benefit

Avoided Costs \$ 5500 + Delayed Costs \$ 589 = \$ 6089

Comment: Avoided Abatement Costs/Delayed Asbestos Acknowledgement and Testing

Penalty Subtotal

Adjusted Base Penalty \$ 8000 + Economic Benefit \$ 6089 = \$ 14089

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%) - 25%

B. Mitigating Factors (0 – 25%) - 25%

1. Negotiated Settlement
2. Ability to Pay
3. Other (explain)

Comment Agreed to Negotiate a Settlement

C. Compliance History

No Previous Violations (0 – 10%) - 10%

Comment No previous violations

Similar Violation in Past 12 months (25 - 50%) + _____

Comment: _____

Similar Violation within past 3 year (10 - 25%) + _____

Comment: _____

Previous Unrelated Violation (5 – 25%) + _____

Comment: _____

Total Penalty Adjustment Factors – sum of A, B, & C -60%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

<u>\$ 14089</u>	x	<u>-60%</u>	=	<u>-8453.4</u>
Penalty Subtotal		Total Adjustment Factors		Total Adjustment Value
(From Section II)		(From Section III)		

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

<u>\$ 14089</u>	+/-	<u>\$ -8453.4</u>	=	<u>\$ 5640</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine


Air Quality Specialist

6/11/17
Date


Senior AQ Specialist/Supervisor

6/14/17
Date

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

<u>Regulation</u>	<u>1st Violation</u>	<u>2nd Violation</u>
040.005 Visible Emissions	\$ 1,000	\$ 2,500
040.030 Dust Control (fugitive)	250	750
040.035 Open Fires	500	1,000
040.040 Fire Training	500	1,000
040.050 Incinerator	1,000	2,000
040.051 Woodstoves	500	1,000
040.055 Odors	1,000	2,000
040.080 Gasoline Transfer (maintenance)	1,000	2,000
040.200 Diesel Idling	500	1,000
050.001 Emergency Episode	1,000	2,000

II. Major Violations - Section 020.040

<u>Regulation</u>	<u>Violation</u>	<u>Source Category</u>	
		<u>Minimum</u>	<u>Maximum</u>
030.000	Construction/Operating without Permit (per major process system or unit/day)	\$ 5,000	\$ 10,000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000
030.000	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
	Project Size – 10 acres or more	\$1,000 + \$50 per acre	

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

DD	CA
DHO	
DA	
Risk	

Staff Report
Board Meeting Date: July 27, 2017

TO: District Board of Health
FROM: Charlene Albee, Director, Air Quality Management Division
(775) 784-7211, calbee@washoecounty.us
SUBJECT: Recommendation for the Board to Uphold Unappealed Notice of Violation Citation No. 5544 Issued to Landcap Investment Partners LLC, Case No. 1196, with a \$1,100.00 Negotiated Fine.

SUMMARY

Washoe County Air Quality Management Division Staff recommends Citation No. 5544 be **upheld** and a fine of **\$1,100.00** be levied against Landcap Investment Partners LLC for failure to comply with the provisions of Dust Control Permit No. DCP16-0068 Condition 1, water truck requirement resulting in fugitive dust emissions, and Condition 11, maintain daily dust control operations log book. Failure to comply with the specified provisions of an approved Dust Control Permit are **minor violations** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.030 Dust Control, C.1 Standards and E.2 Compliance and Records.

District Health Strategic Objective supported by this item: Healthy Environment – Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

No previous actions.

BACKGROUND

On June 8, 2017, Air Quality Specialist II (AQS) Suzanne Dugger performed a routine dust control permit inspection at Landcap Investment Partners LLC’s Waterfront Villas project located at 375 Harbor Cove Drive in Sparks. During the inspection, AQS Dugger observed uncontrolled fugitive dust emissions originating from the project and did not observe the presence of dust mitigation equipment (water truck) as required by Dust Control Permit No. DCP16-0068. AQS Dugger attempted to make contact with an onsite representative for Landcap Investment Partners LLC to discuss the fugitive dust issue but the onsite offices were locked. AQS Dugger then made contact with Mr. Steven Hinckley, CEO of Landcap Investment Partners LLC, to determine the location of the water truck and the onsite representatives for Landcap Investment Partners LLC. Mr. Hinckley stated that he was located out of state, but would address the issue immediately. During the phone conversation with Mr. Hinckley, AQS Dugger stated due to the fugitive dust emissions observed in the absence of dust mitigation equipment at the project, a notice of violation would be issued to Landcap Investment Partners LLC.

During a second attempt to make contact with an onsite representative for Landcap Investment Partners LLC, AQS Dugger met with Mr. Mark Kennard, Superintendent with Davis Reed

Construction, the new general contractor for the project. AQS Dugger informed Mr. Kennard of the reason for the site inspection and requested the location of the water truck assigned to the project. AQS Dugger stated she observed no attempt to control fugitive dust emissions from the project. Mr. Kennard stated there was no contract established for a water truck and the water to the project had been shut off by Truckee Meadows Water Authority (TMWA) for failure to pay the invoice for the project. During the inspection, AQS Dugger requested the dust control logs required by Condition #11 of DCP16-0068 and determined that Landcap Investment Partners LLC failed to maintain the dust control logs for approximately 1 week. AQS Dugger issued Notice of Violation No. 5544 for failure to maintain the dust control logs and for failure to maintain fugitive dust mitigation equipment as required by dust control permit DCP16-0068 issued to Landcap Investment Partners LLC. AQS Dugger required the project to cease all soil disturbing activities until dust mitigation equipment was present to control fugitive dust emissions.

On June 9, 2017, AQS Dugger received a phone call from Mr. Kennard indicating water had been made available to the site by TMWA and a water buffalo was at the Waterfront Villas project to mitigate fugitive dust emissions.

On June 20, 2017, Senior Air Quality Specialist (Sr. AQS) Joshua Restori conducted a negotiated settlement attended by AQS Dugger and Ms. Brandy Hoffman, Project Engineer for Davis Reed Construction. Ms. Hoffman was serving as the representative for Landcap Investment Partners LLC during the negotiated settlement. Sr. AQS Restori explained to Ms. Hoffman that Landcap Investment Partners LLC has a responsibility to control fugitive dust from the Waterfront Villas project 24 hours a day, 7 days a week and is required to comply with all conditions of Dust Control Permit DCP16-0068. Ms. Hoffman took responsibility for the lack of attention to dust control at the project and agreed to comply with the conditions on the dust control permit. After consideration of all the facts in the case, Sr. AQS Restori recommended upholding Citation No. 5544 with a fine of \$1,100.00. Ms. Hoffman agreed to the terms of the settlement agreement. A Memorandum of Understanding was signed on this date by all parties.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board upholding the issuance of the Notice of Violation Citation and associated fine. All fine money collected is forwarded to the Washoe County School District to be used for environmentally focused projects for the benefit of the students.

RECOMMENDATION

Staff recommends the District Board of Health **uphold** Notice of Violation Citation No. 5544, Case No. 1196, and levy a fine in the amount of **\$1,100.00** as a negotiated settlement for a **minor violation**.

ALTERNATIVE

An alternative to upholding the Staff recommendation as presented would include:

1. The Board may determine no violation of the regulations has occurred and dismiss Citation No. 5544.

Subject: DBOH/Landcap Investment Partners LLC/Case 1196

Date: July 27, 2017

Page 3 of 3

Or

2. The Board may determine to uphold Citation No. 5544 and levy any fine in the range of \$0 to \$250 per day for each of the minor violations.

POSSIBLE MOTION(S)

Should the Board agree with Staff's recommendation or the alternatives, a possible motion would be:

1. "Move to grant the uphold Citation No. 5544, Case No. 1196, as recommended by Staff."

Or

2. "Move to uphold Citation No. 5544, Case No. 1196, and levy a fine in the amount of *(range of \$0 to \$250)* per day for each minor violation, with the matter being continued to the next meeting to allow for Landcap Investment Partners LLC to be properly noticed."



WASHOE COUNTY HEALTH DISTRICT
 AIR QUALITY MANAGEMENT DIVISION
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512
 (775) 784-7200



NOTICE OF VIOLATION

NOV 5544 LANDCAP INVESTMENT PARTNERS LLC. DATE ISSUED: 6-8-2017
 ISSUED TO: STEPHEN HINCKLEY PHONE #: 619-992-4808
 MAILING ADDRESS: 27132 B. PASEO ESPADILLA ST. SAN JUAN CAPISTRANO ZIP: CA 92675
 SUITE #1206
 NAME/OPERATOR: MARK KENNARD PHONE #: 916-878-1280
 COMPLAINT NO. WV10-ADM170006 PERMIT # DCP16-0068

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 6-8-2017 (DATE) AT 1:00 P.M. (TIME),
 YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD
 OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|--|---|
| <input checked="" type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input checked="" type="checkbox"/> 040.030 <u>DUST CONTROL</u> | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 <u>ODOR/NUISANCE</u> | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 <u>DIESEL IDLING</u> | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ |

VIOLATION DESCRIPTION: 040.030 SEC. C.1 E.2 NO H₂O TRUCK ON SITE.
NO H₂O AVAILABLE ON SITE. DUST CONTROL LOGS NOT BEING
MAINTAINED DAILY. FUGITIVE EMISSIONS COMING FROM SITE.

LOCATION OF VIOLATION: 375 HARBOR COVE DRIVE.

POINT OF OBSERVATION: ON SITE

Weather: PARTLY CLOUDY Wind Direction From: N E S W

Emissions Observed: _____
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on 6-8-2017 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 2 HRS. hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 6-8-2017
 Issued by: [Signature] Title: AQS II

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: June 20, 2017

Company Name: Landcap Investment Partners LLC

Address: 27132 B. Paseo Espada Suite 1206 San Juan Capistrano, CA 92675

Notice of Violation # 5544 Case # 1196

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 040.030 Section C.1 and E.2 for failure to comply with the provisions of an approved Dust Control Permit (water trucks) resulting in fugitive dust emissions and failure to maintain daily records demonstrating compliance (dust control logs).

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1100.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on July 27, 2017

The undersigned agrees to waive an appeal to the Air Pollution Control Hearing Board so this matter may be submitted directly to the District Board of Health for consideration.

Brandy Hoffman

Signature of Company Representative

Joshua C. Restori

Signature of District Representative

Brandy Hoffman

Print Name

Joshua C. Restori

Print Name

Project Engineer

Title

Sr. Air Quality Specialist

Title

Witness

Witness



**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name Landcap Investment Partners
Contact Name Stephen Hinckley

Case 1196 NOV 5544 WVIO-AQM 17-0006

I. Violation of Section 040.030 Sec.C.1 (Fugitive Dust Emissions/Water Truck Requirement)

I. **Recommended/Negotiated Fine** = \$ 900

II. Violation of Section 040.030 Sec.E.2 (Recordkeeping - Dust Control Logs)

II. **Recommended/Negotiated Fine** = \$ 200

III. Violation of Section 0

III. **Recommended/Negotiated Fine** = \$ 0

IV. Violation of Section 0

IV. **Recommended/Negotiated Fine** = \$ 0

V. Violation of Section 0

V. **Recommended/Negotiated Fine** = \$ 0

Total Recommended/Negotiated Fine = \$ 1100


Air Quality Specialist

Senior AQ Specialist/Supervisor

6-20-2017
Date
6/20/17
Date

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name Landcap Investment Partners
 Contact Name Stephen Hinckley

Case 1196 NOV 5544 WVIO-AQM 17-0006

Violation of Section 040.030 Sec.C.1 (Fugitive Dust Emissions/Water Truck Requirement)

I. Base Penalty as specified in the Penalty Table = \$ 500.00

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 0.5

Comment: Violation of 040.030 Sec.C.1 constitutes a minor violation per 020.040.C

2. Toxicity of Release

Criteria Pollutant – 1x
 Hazardous Air Pollutant – 2x **Adjustment Factor** 1.0

Comment: Particulate Matter (PM10) is considered a criteria pollutant per the Clean Air Act

3. Environmental/Public Health Risk (Proximity to sensitive environment or group)

Negligible – 1x Moderate – 1.5x Significant – 2x **Adjustment Factor** 1.5

Comment: Project is adjacent to residential area and public recreational park

Total Adjustment Factors (1 x 2 x 3) = 0.75

B. Adjusted Base Penalty

Base Penalty \$ 500 x Adjustment Factor 0.75 = \$ 375

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 375 x Number of Days or Units 1 = \$ 375

Comment: One day of observation

D. Economic Benefit

Avoided Costs \$ \$750.00 + Delayed Costs \$ 0 = \$ 750

Comment: Average cost to rent a water truck for one day

Penalty Subtotal

Adjusted Base Penalty \$ 375 + Economic Benefit \$ 750 = \$ 1125

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name Landcap Investment Partners
 Contact Name Stephen Hinckley

Case 1196 NOV 5544 WVIO-AQM 17-0006

Violation of Section 040.030 Sec.E.2 (Recordkeeping - Dust Control Logs)

I. Base Penalty as specified in the Penalty Table = \$ 250

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 0.5

Comment: Violation of 040.030 Sec.C.1 constitutes a minor violation per 020.040.C

2. Toxicity of Release

Criteria Pollutant – 1x
 Hazardous Air Pollutant – 2x **Adjustment Factor** 1

Comment: Particulate Matter (PM10) is considered a criteria pollutant per the Clean Air Act

3. Environmental/Public Health Risk (Proximity to sensitive environment or group)

Negligible – 1x Moderate – 1.5x Significant – 2x **Adjustment Factor** 1.5

Comment: Project is adjacent to residential area and public recreational park

Total Adjustment Factors (1 x 2 x 3) = 0.75

B. Adjusted Base Penalty

Base Penalty \$ 250 x Adjustment Factor 0.75 = \$ 187.5

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 187.5 x Number of Days or Units 1 = \$ 187.5

Comment: One day of observation

D. Economic Benefit

Avoided Costs \$ 0 + Delayed Costs \$ 0 = \$ 0

Comment: No costs associate with maintaining dust control logs. Oversight of personnel.

Penalty Subtotal

Adjusted Base Penalty \$ 187.5 + Economic Benefit \$ 0 = \$ 187.5

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	-	<u>10%</u>
B. Mitigating Factors (0 – 25%)	-	<u>10%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
Comment: _____		
C. Compliance History		
No Previous Violations (0 – 10%)	-	<u> </u>
Comment: _____		
Similar Violation in Past 12 months (25 - 50%)	+	<u> </u>
Comment: _____		
Similar Violation within past 3 year (10 - 25%)	+	<u> </u>
Comment: _____		
Previous Unrelated Violation (5 – 25%)	+	<u> </u>
Comment: _____		
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-20%</u>

IV. Recommended/Negotiated Fine

Penalty Adjustment:								
\$ <u>187.5</u>	x	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;"><u>-20%</u></td> <td style="width: 5%; text-align: center;">=</td> <td style="width: 65%; text-align: right;"><u>-37.5</u></td> </tr> <tr> <td style="text-align: center;">Total Adjustment Factors (From Section III)</td> <td></td> <td style="text-align: right;">Total Adjustment Value</td> </tr> </table>	<u>-20%</u>	=	<u>-37.5</u>	Total Adjustment Factors (From Section III)		Total Adjustment Value
<u>-20%</u>	=	<u>-37.5</u>						
Total Adjustment Factors (From Section III)		Total Adjustment Value						
Penalty Subtotal (From Section II)								

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ <u>187.5</u>	+/-	\$ <u>-37.5</u>	=	\$ <u>200</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine*

Syanne Dwyer
Air Quality Specialist

6-20-2017
Date

JCP
Senior AQ Specialist/Supervisor

6/20/17
Date

*Rounded to nearest \$100.

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

<u>Regulation</u>	<u>1st Violation</u>	<u>2nd Violation</u>
040.005 Visible Emissions	\$ 1,000	\$ 2,500
040.030 Dust Control (fugitive)	250	750
040.035 Open Fires	500	1,000
040.040 Fire Training	500	1,000
040.050 Incinerator	1,000	2,000
040.051 Woodstoves	500	1,000
040.055 Odors	1,000	2,000
040.080 Gasoline Transfer (maintenance)	1,000	2,000
040.200 Diesel Idling	500	1,000
050.001 Emergency Episode	1,000	2,000

II. Major Violations - Section 020.040

<u>Regulation</u>	<u>Violation</u>	<u>Source Category</u>	
		<u>Minimum</u>	<u>Maximum</u>
030.000	Construction/Operating without Permit (per major process system or unit/day)	\$ 5,000	\$ 10,000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000
030.000	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
	Project Size – 10 acres or more	\$1,000 + \$50 per acre	

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000



REMSA

Franchise Compliance Report

JUNE 2017



REMSA Accounts Receivable Summary
Fiscal 2017

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected
July	4106	\$4,485,503.00	\$1,092.43	\$1,092.43	\$393.27
August	4156	\$4,594,636.20	\$1,105.54	\$1,099.02	\$395.65
September	4000	\$4,428,168.80	\$1,107.04	\$1,101.64	\$396.59
October	4023	\$4,462,967.40	\$1,109.36	\$1,103.55	\$397.28
November	3718	\$4,125,873.00	\$1,109.70	\$1,104.69	\$397.69
December	4281	\$4,750,796.80	\$1,109.74	\$1,105.58	\$398.01
January	4413	\$4,922,748.00	\$1,115.51	\$1,107.11	\$398.56
February	3913	\$4,343,062.20	\$1,109.91	\$1,107.44	\$398.68
March	4192	\$4,660,217.80	\$1,111.69	\$1,107.93	\$398.85
April	3978	\$4,416,937.40	\$1,110.34	\$1,108.16	\$398.94
May	4086	\$4,543,648.60	\$1,112.00	\$1,108.51	\$399.06
June					
Totals	44866	\$49,734,559	\$1,108.51		

Allowed ground average bill: \$1,129.44
 Monthly average collection rate: 36%



Fiscal 2017

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2016	5 mins. 55 secs.	94%	94%
Aug.	6 mins. 04 secs.	94%	92%
Sept.	5 mins. 07 secs	95%	93%
Oct.	5 mins. 23 secs	93%	92%
Nov.	5 mins 47 secs	93%	94%
Dec.	5 mins 54 secs	92%	91%
Jan. 2017	6 mins 20 secs	92%	90%
Feb.	6 mins 07 secs	91%	92%
Mar.	5 mins 43 secs	92%	96%
Apr.	5 mins 26 secs	93%	93%
May	5 mins 34 secs	94%	93%
June 2017	5 mins 35 secs	94%	96%

Year to Date: July 2016 through June 2017

Priority 1 Zone A	Priority 1 Zones B,C,D
93%	93%

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
July 2016	P-1	5:15	5:47	8:35
	P-2	5:11	6:24	8:25
Aug. 2016	P-1	5:18	5:52	8:56
	P-2	5:31	6:14	8:38
Sept. 2016	P-1	4:50	5:43	8:23
	P-2	5:23	6:13	7:29
Oct. 2016	P-1	5:03	5:44	7:55
	P-2	5:22	6:24	8:29
Nov. 2016	P-1	4:57	5:46	8:32
	P-2	5:19	6:20	8:29
Dec. 2016	P-1	5:06	5:50	8:29
	P-2	5:18	6:05	8:27
Jan. 2017	P-1	5:22	6:04	10:22
	P-2	5:50	6:23	9:29
Feb. 2017	P-1	5:16	6:16	9:02
	P-2	5:46	6:39	8:57
Mar. 2017	P-1	5:05	5:37	8:33
	P-2	5:10	6:12	8:50
Apr. 2017	P-1	4:58	6:05	7:49
	P-2	5:06	6:19	8:27
May 2017	P-1	4:51	5:43	8:15
	P-2	5:06	6:09	8:07
June 2017	P-1	4:53	5:46	8:04
	P-2	5:11	6:10	8:08

Year to Date: July 2016 through June 2017

Priority	Reno	Sparks	Washoe County
P-1	5:01	5:49	8:24
P-2	5:21	6:18	8:30



REMSA OCU Incident Detail Report

Period: 6/01/2017 thru 6/30/2017

Corrections Requested					
Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
Zone A	6/7/2017 8:11	6/7/2017 8:19	1C43	0:00:00	0:08:05
Zone A	6/10/2017 18:39	6/10/2017 18:41	1C05	0:00:00	0:01:57
Zone A	6/23/2017 10:12	6/23/2017 10:14	1C30	-00:18:00	0:01:32
Zone A	6/24/2017 4:40	6/24/2017 4:40	1C26	-00:00:15	0:00:24

Upgrade Requested					
Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
NONE					

Exemption Requested			
Incident Date	Zone	Exemption Reason	Approval
NONE			



GROUND AMBULANCE OPERATIONS REPORT

June 2017

1. OVERALL STATISTICS:

Total Number of System Responses	5721
Total Number of Responses in Which No Transport Resulted	2411
Total Number System Transports (Including transports to Out of County Destinations)	3310

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	1.4%
Medical	48.3%
OB	.6%
Psychiatric/Behavioral	8.2%
Transfers	9.1%
Trauma – MVA	7.1%
Trauma – Non MVA	20.8%
Unknown	4.5%

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director or designee reviewed:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients (transport and non-transport patients)
- 100% of advanced airways (excluding cardio pulmonary arrests)
- 100% of STEMI Alert or STEMI rhythms
- 100% of deliveries and neonatal resuscitation
- 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.

Total number of ALS calls: 2941
Total number of above calls receiving QA reviews: 321
Percentage of charts reviewed from the above transports: 10.91%



Regional Emergency Medical Services Authority

REMSA

CUSTOMER SERVICE

JUNE 2017

REMSA

Reno, NV

Client 7299



1515 Center Street
Lansing, Mi 48096
1 (877) 583-3100
service@EMSSurveyTeam.com
www.EMSSurveyTeam.com

EMS System Report

June 1, 2017 to June 30, 2017

Your Score

94.07

Number of Your Patients in this Report

150

Number of Patients in this Report

6,638

Number of Transport Services in All EMS DB

141





Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **06/01/2017** and **06/30/2017**.

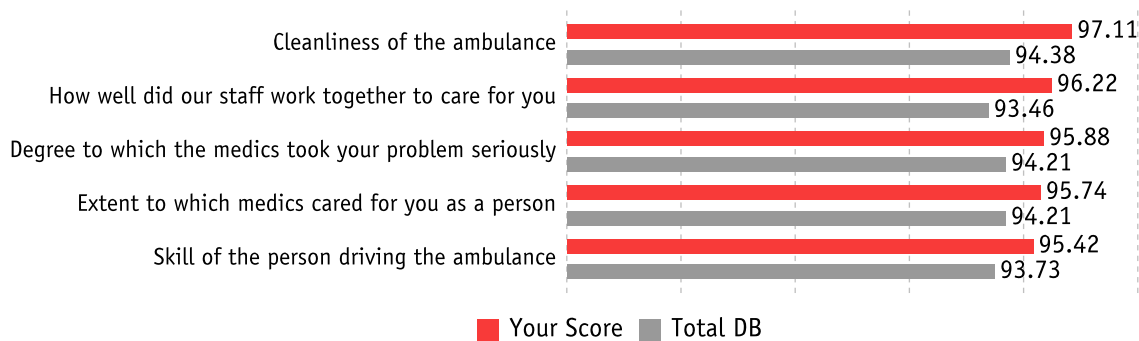
The overall mean score for the standard questions was **94.07**; this is a difference of **1.51** points from the overall EMS database score of **92.56**.

The current score of **94.07** is a change of **0.07** points from last period's score of **94.00**. This was the **28th** highest overall score for all companies in the database.

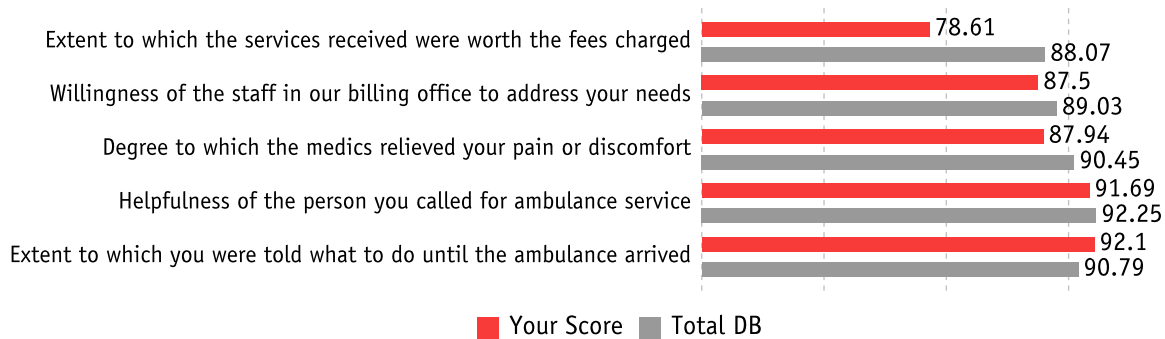
You are ranked **8th** for comparably sized companies in the system.

83.51% of responses to standard questions had a rating of Very Good, the highest rating. **98.40%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

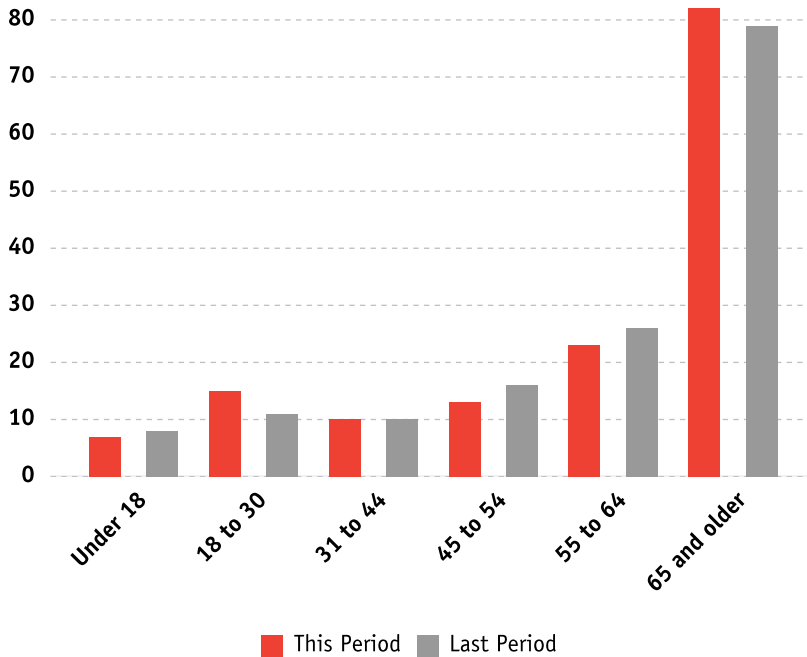




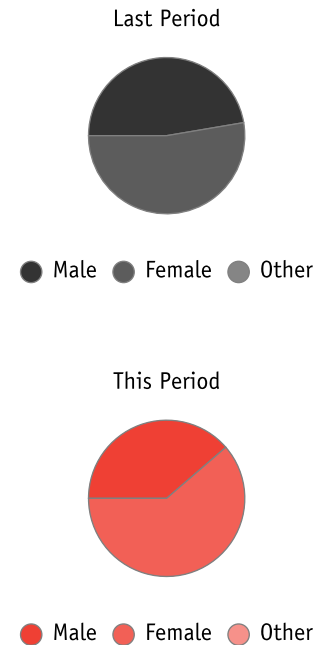
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate your service population.

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	8	4	4	0	7	3	4	0
18 to 30	11	6	5	0	15	3	12	0
31 to 44	10	4	6	0	10	4	6	0
45 to 54	16	11	5	0	13	5	8	0
55 to 64	26	12	14	0	23	9	14	0
65 and older	79	34	45	0	82	34	48	0
Total	150	71	79	0	150	58	92	0

Age Ranges



Gender





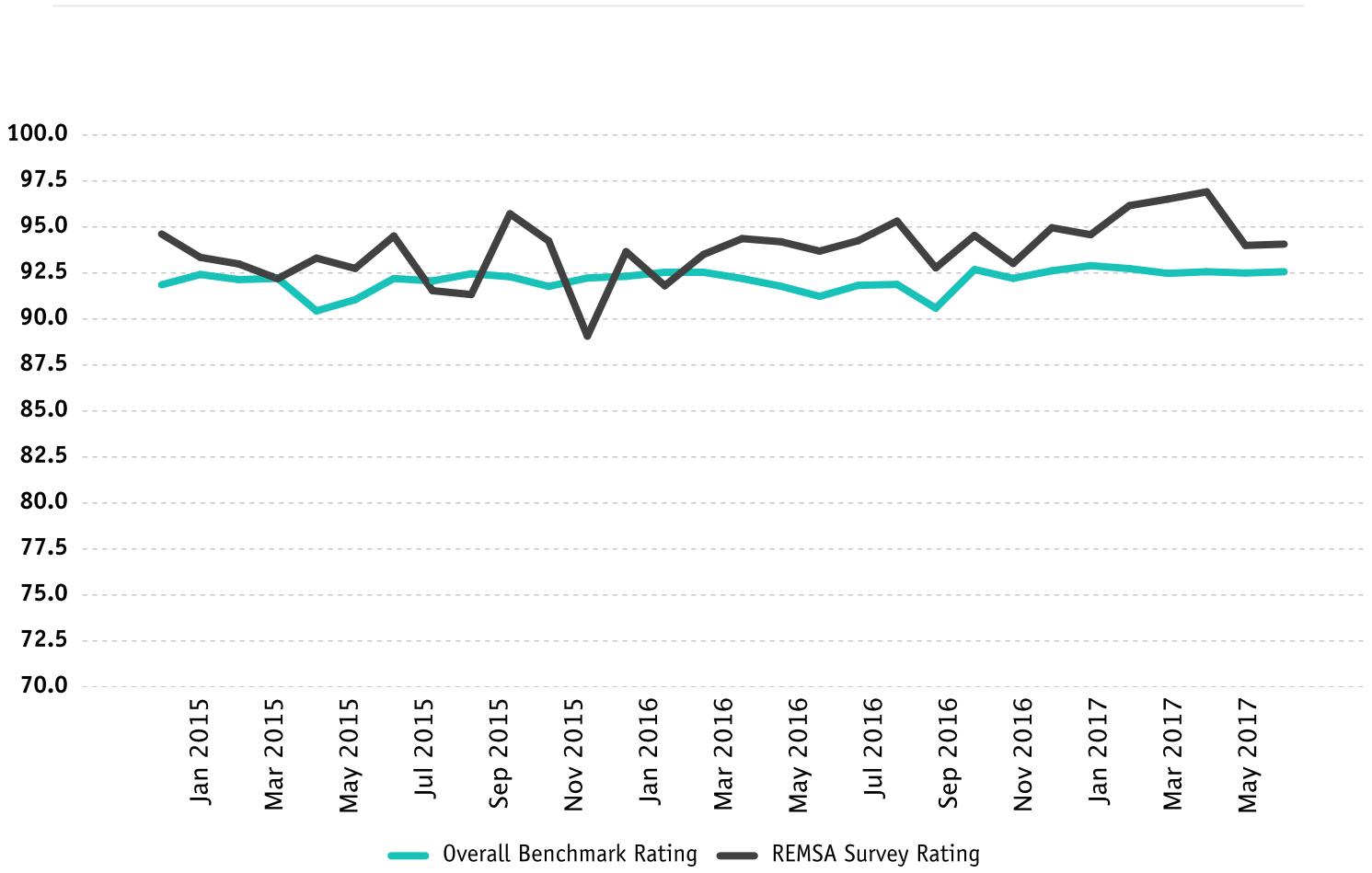
Monthly Breakdown

Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
Helpfulness of the person you called for ambulance service	95.00	94.19	98.68	91.47	95.41	92.36	93.48	97.50	96.25	94.32	95.45	96.59	91.69
Extent to which you were told what to do until the ambulance	94.74	96.43	97.37	88.57	93.37	86.76	91.88	97.92	95.14	89.53	94.26	94.77	92.10
Extent to which the ambulance arrived in a timely manner	95.21	94.14	94.87	94.44	93.75	92.14	95.79	95.01	96.28	94.12	95.39	92.40	93.40
Cleanliness of the ambulance	95.72	94.21	97.00	92.86	95.83	93.80	97.79	96.18	97.37	96.12	98.13	95.17	97.11
Skill of the person driving the ambulance			93.85	94.12	93.90	93.93	96.34	95.88	97.14	97.24	96.23	96.01	95.42
Care shown by the medics who arrived with the ambulance	93.76	94.75	94.10	93.46	95.63	94.73	96.23	96.23	96.83	97.55	98.08	94.47	94.74
Degree to which the medics took your problem seriously	94.32	95.16	95.70	92.74	94.68	93.45	94.37	95.62	97.16	97.45	98.19	93.99	95.88
Degree to which the medics listened to you and/or your family	94.52	94.02	94.37	93.41	94.28	93.76	94.51	95.64	96.43	97.48	97.78	94.31	93.63
Extent to which the medics kept you informed about your	93.60	92.94	94.00	92.81	93.96	94.53	94.76	92.67	95.83	96.92	95.45	91.96	92.92
Extent to which medics included you in the treatment decisions	92.68	93.42	96.31	91.45	93.76	92.52	94.44	88.94	94.29	96.52	95.36	93.77	92.86
Degree to which the medics relieved your pain or discomfort	89.79	91.20	94.49	88.30	92.22	89.57	93.16	89.18	92.86	92.60	94.74	87.89	87.94
Medics' concern for your privacy	94.47	94.77	95.35	93.75	95.52	93.70	94.53	94.41	97.23	97.39	97.44	94.31	95.39
Extent to which medics cared for you as a person	94.43	94.17	95.54	94.64	96.22	92.94	95.65	94.92	98.11	97.83	98.18	94.29	95.74
Professionalism of the staff in our ambulance service billing	77.60	83.33	100.00	95.00	88.89	75.00	90.10	89.76	100.00	100.00	92.86	90.00	95.00
Willingness of the staff in our billing office to address your	78.25	91.67	93.75	95.00	84.38	75.00	90.10	88.35	100.00	100.00	96.43	90.00	87.50
How well did our staff work together to care for you	93.93	95.38	96.11	93.80	95.37	94.06	96.08	96.28	96.51	98.20	98.54	94.99	96.22
Extent to which the services received were worth the fees	82.03	90.27	94.53	66.80	89.95	86.08	86.39	82.19	87.20	94.91	92.29	90.72	78.61
Overall rating of the care provided by our Emergency Medical	93.67	95.57	94.50	92.70	95.93	95.18	95.27	96.58	96.66	97.45	98.20	95.52	94.78
Likelihood of recommending this ambulance service to others	95.55	95.79	96.48	95.19	95.84	93.28	96.24	96.97	97.38	97.40	97.60	95.79	94.93
Your Master Score	93.69	94.26	95.32	92.78	94.54	93.02	94.96	94.58	96.16	96.52	96.91	94.00	94.07
Your Total Responses	156	143	146	126	138	150	165	150	150	150	150	150	150



Monthly tracking of Overall Survey Score



GROUND AMBULANCE CUSTOMER COMMENTS

June 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
1	05/08/2017			"The crew was excellent, thanks!"		
2	05/08/2018			"This transport trip was the best one he has had, the crew was professional and caring."		
3	05/08/2017			"The medics did a good job!"		
4	05/08/2017			"Pt passed away recently, but her husband did tell me about her transport and the good job the REMA did. They brought her back home so she could spend her final time with the family before passing."		
5	05/08/2017			"She was grateful for the help and care she received."		
6	05/08/2017			"The medics took good care of PT and even stood up for her while talking to a nurse. The arrival time seemed slow."		
7	05/08/2017			"He is thankful for the help."		
8	05/08/2017			"Everyone was wonderful, they were very quick with arrival time, and gave him very good care!"		
9	05/08/2017		"IV was difficult to get in."			
10	05/09/2017	"regarding privacy; Pt.was taken out of her home in her night gown while the weather was a very cold night and no blanket was given."			Assigned to S.Selmi 5.24.17 # 4081	See follow-up below
11	05/09/2017		"Nothing really."			
12	05/09/2017		"No."			
13	05/10/2017		"do you offer non emergent transport?"			
14	05/10/2017			"was the careflight team"		
15	05/11/2017	"was just transported no treatment"				
16	05/11/2017		"the lady gets a 10"			
17	05/12/2017			"The medics were kind and professional!"		
18	05/11/2017			"He is very happy with the service!"		
19	05/11/2017			"I was very well satisfied"		
20	05/13/2017	"They didn't really want to transport her. They didn't think it was that big of a deal, but it was pneumonia from her dementia"	"Listen more to the staff at the nursing home. They know her just as well as I do and what's wrong with her. (xxxx) and (xxxx) at the (XXXX) know her very well"	"She's been transported twice and it's been good each time"		We did not transport this PT from her nursing home to the hospital. PT lives in Lyon County. Only contact with PT was a non-emergent transfer back to PT's home on Hospice.
21	05/13/2017			"I don't have a choice of ambulance"		
22	05/13/2017	"The one in the back was horrible. I've been a nurse 22 years"	"It was just one person that was bad"	"Would recommend because not everyone is the same (medics)"	Assigned to S.Selmi 6.20.17 #4207	See follow-up below
23	05/13/2017	"Couldn't really do anything about pain"				
24	05/14/2017	"They were fabulous and everything was great. I opted out of pain medication"	"They were efficient, gracious, concerned for my well being, careful about minimizing pain."	"I don't know what the cost was, but they were great. They checked on me while I was in the hospital afterward as well"		
25	05/14/2017			"They did real good"		
26	05/14/2017			"She would be very likely to recommend REMSA, because the service was very good."		
27	05/14/2017			"Thank you for your care!"		
28	05/13/2017	"Thank you for doing such a good job providing help for Pt. and for communicating to her mother."				
29	05/14/2017			"Keep up the good service!"		

GROUND AMBULANCE CUSTOMER COMMENTS

June 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
30	05/14/2017	"The EMS crew was very kind, patient, and helpful."				
31	05/14/2017	"Excellent care from the medics and the driver got her to the hospital fast."		"She would be very likely to reccomend REMSA."		
32	05/14/2017	"The crew did their best to allow her to breath again and to be able to talk."		"she would love to reccomend REMSA to others, they kept her alive."		
33	05/14/2017			"No change needed."		
34	05/15/2017		"Get here faster"	"My insurance paid"		
35	05/16/2017	"she was in a lot of pain and seem irritated and rude "you can't keep saying you dont know" blood pressure wasn't good and no patients put legs up he dehydrated, no pain meds given (understood why) Male medic explained things fast"	"be more considerate bc of miscarriage previous, more patience and less rude"		Assigned to S.Selmi 7.5.17 #4282	See follow-up below
36	05/16/2017		"Nothing."			
37	05/16/2017		"Have a better GPS system."			
38	05/16/2017	"The crew was professional and caring!"				
39	05/16/2017	"Missing bed sheet from the house, a bath towel, and a night gown."		"The service was good overall, but please contact Pt about a few items that she is missing from the emergency transport."	Assigned to S.Selmi 7.5.17 #4283	7/7/17 1530, left the Pt a message about her lost items which we do not have, they would have been left at RRCM on 5/16/17. Stacie
40	05/16/2017	"He felt well respected and cared for!"		"Yes, he would recommend REMSA to others, the crew took very good care of him and worked well together."		
41	05/17/2017		"More attention"			
42	05/17/2017		"Our paramedics here are very good"			
43	05/17/2017	"They were awesome. did what they could for pain"	"They seemed to do just fine. I wish the ambulance people could take care of me instead of the hospital staff"			
44	05/17/2017	"Explained things as they were doing them. It was a short ride."		"It was pretty good service"		
45	05/17/2017		"Don't put the IV in so close to the elbow"			
46	05/17/2017			"I'm quite pleased with		
47	05/18/2017		"very good job"			
48	05/18/2017		"Keep them young and good looking."			
49	05/18/2017		"They were very professional"	"You get 5 stars all the way across. Very professional. They couldn't have been any better the entire time."		
50	05/19/2017		"They keep getting the side of the house wrong"	"Team effort"		
51	05/18/2017	"They are so great with me"	"I can't come up with anything because they're so efficient"			
52	05/20/2017			"thank you for the great service, keep up the nice work."		
53	05/20/2017	"REMSA has helped Pt. twice and each time they did helped him, they did a wonderful job,"		"Pt passed away, but his son/POA completed the survey and he was very happy with the transport		
54	05/20/2017	"He is very impressed with the emergency response and transport service."				
55	05/20/2017	"The EMS crew were terrific!"				
56	05/21/2017	"I was very pleased. Excellent service"	"They handled everything great as far as I was concerned"	"Medicare pays. I was very happy with them"		
57	05/24/2017		"whatever training youre doing keep it up its effective and is working. they seem very connected as a team."	"absolutely stellar, professional kind courteous personable and very comfortable with what they were doing. They felt like they were well trained."		

GROUND AMBULANCE CUSTOMER COMMENTS

June 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
58	05/24/2017	"couldn't relieve pain"	"it was a hot day and was having difficulty speaking and they gave warm water, they should have cold water"			
59	05/25/2017			"mom did not ride with nor was she the one to call the ambulance."		
60	05/27/2017		"as a person they were very unkind and kind of making fun of her"	"refused service multiple times and	Assigned to R.Ramsdell 6.27.17 #4229	See follow-up below
61	05/27/2017		"carry juice for low blood sugar"			
62	05/28/2017	"she did not want to go to hospital but they forced her to go since"		"too expensive could financially ruin you, not because of how the medics behaved just because of price"		
63	05/28/2017		"Didn't do much to check her pulse, and the woman medic was very disrespectful and impolite. the male medic was very nice."		Assigned to S.Selmi 7.5.17 #4284	See follow-up below
64	05/28/2017	"asked to not be treated"				
65	05/25/2017			"kept repeating "real good service"		
66	05/26/2017			"information between the hospital staff and EMTs was messed up"		
67	05/27/2017			"always professional right on it I love the comradery between the fire department and EMS. They really really care and happy."		
68	05/27/2017		"Is it standard to go the LONG ROUTE to the hospital? Family got to hospital before patient."			
69	05/27/2017		"REMSA is fabulous."			
70	05/27/2017		"Can't comment as I never spoke to them. Police called them."			
71	05/29/2017	"parent did not ride with"				
72	05/30/2017	"said they'd call her back but did not"				
73	6.28.17			Pt's power of attorney spoke on his behalf about his encounter with the medics. She said she found their service to be mediocre due to the fact that when they assessed him they missed the fact that he had a large of meat stuck in his esophagus still. His power of attorney would like to discuss this matter with the staff at REMSA.	Assigned to R.Ramsdell 6.28.17 #4232 reassigned to S.Selmi 7.5.17	See follow-up below
10		5/25/17 0920, called the Pt , voice mailbox was full. Both crew members will complete an occurrence report ASAP. Stacie 5/25/17 1604, 5/27/17 1338, called pt voice mailbox was still full. Stacie Closed this ticket				
22		6/22/17 1323, I left a message for the Pt. Contacted the AEMT to complete an occurrence report ASAP. Stacie 6/22/17 1355, I spoke to the Pt., she was very nice, RN for many years. Pt. was involved in a MVA and transported to RRM, during the transport she told me the crew member just sat behind her and did not talk to her. PT. felt there was no interaction and the EMT was not attentive to her needs as a pt. She felt he was having a bad day when she was the one that was having a bad day. I apologized to Pt. and thanked her for letting me know about this. I will talk to employee and have him complete an occurrence report ASAP. Stacie 6/22/17 crew was counseled regarding patient's concerns and reminded of STAR CARE and REMSA's customer service standards. Stacie				
35		7/7/17 1003, I spoke to the Pt, she was very nice and did not want to get anyone in trouble. Pt. told me she was in so much pain with her pregnancy she told the crew she could not answer any questions, just wanted to go to the hospital. PT was hypotensive, IV was started and transported. I apologized to Pt and explained the medic was trying to obtain all of her history on what may of caused her problems. Pt understood and thanked me for calling her. I will have employee complete an occurrence report ASAP. Stacie				
60		I called and spoke with Pt about her phone conversation with Dyana. She states to me that she was very confused as why she was transported to the hospital. In reviewing the chart, pt was intoxicated at a 0.244 per RPD's PBT. I explained to the pt that when a person is this intoxicated that they are placed in protective custody or are transported to the hospital. Per the chart the crew and RPD were unable to contact a friend or family for a sober ride home. Pt was transported to the ER per the chart. I will have employees fill out Occurrence reports for this incident. After speaking with the crews and the Patient it is a matter of the crews being more mindful of the situation and being more professional with patients that are intoxicated. It is understandable that when someone is intoxicated that they do say things that are funny but we must remember that it may not be perceived as laughing with the patient more laughing at them. All parties involved are satisfied with the outcome and results of the communication that has taken place.				

GROUND AMBULANCE CUSTOMER COMMENTS

June 2017

63	<p>7/6/17 1420, I spoke to the pt about her complaint from her 5/18/17 transport. Pt started out very nice then went into a rage the more she talked to me. Crew was (xxxx). Continued: Pt was having a hard time breathing, crew attempted to calm her and slow her breathing down. She told me the female paramedic was rude and told her she was having a "panic attack". Pt felt these people were not "real" and she felt they were there to hurt her. She was very upset the crew asked her if she wanted to be transported to the hospital, Pt told me they should not ask anyone this question, just put people on the gurney and take them to the hospital. Pt went on to ask me why they did not ask her if she wanted water, coke or milk when they asked if she wanted to be transported. Pt told me she is too scared to call 911 now because they will ask if she wants to be transported. I apologized to Pt and tried to explain things to her several times, she just could not understand anything I was trying to tell her. Pt refused transport and signed the AMA form for this DOS on 5/18/17 (she was transported on 5/28/17 without problems). I will have both crew members complete an occurrence report ASAP.</p>
75	<p>7/7/17 1220, called pts mother, she already spoke to Supervisor. I will send this back to Supervisor for his occurrence report and follow up with (xxxx) for her report. Stacie 7/10/17 I did speak with the Pt's Power Of Attorney and she states that she felt that the crew was not very concerned with the fact that her son had a piece of meat stuck in his throat. I spoke with her about our inability to view a patients esophagus while in the field. She understood and stated that she would like to see us do a better job of assessing a patients esophagus. I advised the POA that I will speak with the crew. After speaking with the crew it appears that there has been a misunderstanding with the POA and crew that was on scene. Crew states that they always wanted to take the pt to the hospital and the POA was relying on the family that the Patient lives with to make the decision. All parties are satisfied with information and the crews have been educated with how to do a better when communicating with POA over the phone. This ticket is closed.</p>



Regional Emergency Medical Services Authority

REMSA

EDUCATION AND TRAINING REPORT

JUNE 2017

REMSA Education
 Monthly Course and Student Report
 Month: June 2017

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	7	47	6	44	1	0
ACLS EP	1	5	1	5	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	1	6	1	6	0	0
ACLS P	3	36	3	36	0	0
ACLS R	14	70	5	40	9	30
ACLS S	4	6	3	3	1	3
AEMT	0	0	0	0		
-	-	-	-	-		
B-CON	0	0	0	0	0	0
BLS	63	390	18	176	45	214
BLS I	2	27	2	27	0	0
BLS R	41	185	23	150	64	35
BLS S	11	20	0	0	11	20
CE	0	0	0	0	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	0	0	0	0		
EMR R	0	0	0	0		
EMS I	0	0	0	0		
EMT	1	27	1	27		
EMT R	0	0	0	0		
FF CPR	2	13	0	0	2	0
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	4	44	3	21	1	23
HS CPR	42	311	4	37	38	274
HS CPR FA	81	694	7	50	74	644
HS CPR FA S	2	4	0	0	2	0
HS CPR PFA	5	34	1	10	4	24
HS PFA S	1	2	0	0	1	2
HS CPR S	0	0	0	0	0	0
HS FA	5	46	0	0	5	46
HS FA S	1	3	0	0	1	3
HS PFA	5	34	1	10	4	24
ITLS	0	0	0	0	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	2	8	2	8	0	0
ITLS S	0	0	0	0	0	0
PALS	4	11	1	5	3	6
PALS I	0	0	0	0	0	0
PALS R	10	42	4	32	6	10
PALS S	1	1	1	1	0	0
PEARS	0	0	0	0	0	0
PM	1	26	1	26		
PM R	0	0	0	0		
HS Spanish RCP y DEA	1	2	1	2	0	0
Classes w/ CPR		CPR Students				
256		1716				



COMMUNITY OUTREACH JUNE 2017

Point of Impact

6/3/17	Child Car Seat Checkpoint in conjunction with Safe Kids Day at the Summit in Reno; 8 cars and 10 seats inspected	18 Volunteers, 3 Staff
6/6/17	Safe Kids Washoe County Board of Directors Meeting	
6/6/17	Check-up event in partnership with Plumas County Public Health in Quincy, CA	4 Volunteers, 3 Staff, 4 Plumas & CHP Staff
6/10/17	Technician Update to provide CEUs required for recertification	2 Technicians
6/13/17	Safe Kids Washoe County Coalition Meeting	
6/24/17	Child Car Seat Checkpoint in partnership with AAA at Babies R Us in Reno; 19 cars and 23 seats inspected	19 Volunteers, 3 Staff
6/29/17	Technician Update to provide CEUs required for recertification	8 Technicians
6/30/17	National Child Passenger Safety Technician Training Program Renewal Testing Course; 2 students passed	1 staff, 1 volunteer instructor; 2 student

Cribs for Kids-Community

6/2/17	Attended Child Death Review Meeting at Washoe Medical Corner Office	
6/8/17	Attended Statewide Impact of Safe Sleep Meeting	
6/8/17	Community Service Agency: Head Start Fatherhood Event.	100 Participants: 3 Mothers that followed up
6/13/17	Attended Safe Kids Washoe County Monthly Meeting	
6/13/17	Had Phone conference to discussion Cribs for Kids with Federally Qualified Health Center (FQHCs) from Northern and Southern Nevada in order to build partnerships. NN Hopes and WIC present.	4 Organization
6/22/17	Quincy Train the Trainer Cribs for Kids at Plumas County Health	3 Participants
6/24/17	Family Health Festival at Evelyn Mount Northeast Community Center	200 Participants
6/27&28/17	Traveled to Las Vegas to meet with previous C4K partners to reestablish partnership: Catholic Charities and Shade Tree	
6/29/17	Train the Trainer Cribs for Kids at REMSA	5 Participants
6/30/17	Cribs for Kids grant for FY 17-18 was reviewed and approved by State of Nevada Department of Public Health	



REMSA

PUBLIC RELATIONS REPORT

JUNE 2017

MEDIA COVERAGE



- REMSA's work throughout CPR Week was featured on KTVN's website. In addition, Alma Marin, Public Education Coordinator for REMSA, provided in-depth interviews and hands-on CPR demonstrations to the Spanish-language television network, Univision and on Alice 96.5, a local FM radio station.



- KOLO worked with REMSA to highlight the importance of REMSA's Special Events Team. The reporter interviewed Sark Aerik, Special Events Coordinator for REMSA, and Alan Tom, Special Events Manager for REMSA. The story included information about how REMSA is uniquely positioned to work with event planners to efficiently provide coverage at an event without redirecting community EMS coverage and services or using tax dollars. In addition, it showed the range of vehicles in the fleet that can be used to tailor coverage specifically to the needs of the event.



As a follow-up to the story, the reporter participated in a ride along with REMSA's Reno Rodeo ALS crew. The story featured interviews with Sark Aerik, Special Events Coordinator for REMSA, and the Reno Rodeo's medical committee chair.

MEDIA COVERAGE



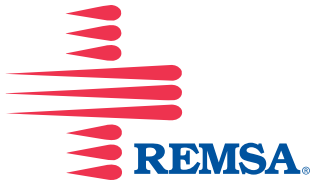
- On June 12, REMSA received the American Heart Association's Mission: Lifeline EMS Gold Plus Award for implementing quality improvement measures for the treatment of patients who experience heart attacks. Jason Hatfield, Continuous Quality Improvement Coordinator at REMSA, received the award. He provided an interview to KOLO about how the standards that REMSA is reaching and surpassing help deliver quality healthcare for every patient. The award also received coverage in the Northern Nevada Business Weekly.



- KTVN ran a national Health Watch story about offering certain antibiotics on ambulances to combat sepsis (an EMS provider in Texas is the first in the nation to do this). The reporter reached out to REMSA for comments about the likelihood of REMSA following suit. JW Hodge, Director of Public Affairs, and Adam Heinz, Director of Communications, held a brief conversation with the reporter indicating that the organization is always looking at quality improvement measures, but in Washoe County, the transport time is typically between eight and 10 minutes, so there may not be the same need as compared to a busy urban center or a rural location.



- Adam Heinz, Director of Communications, provided an interview to KTVN with information about how to stay safe in the heat and how to recognize the symptoms of heat-related illnesses.



June 2017 Public Relations Report

Submitted by KPS3

SOCIAL MEDIA HIGHLIGHTS



If you're on Twitter, be sure to follow @REMSAEMS and on Facebook, like *Regional Emergency Medical Services Authority - REMSA*.

Social media features in June highlighted safety tips and community awareness projects and programs.

Regional Emergency Medical Services Authority - REMSA
Published by Turner Park [?] · 17 hrs · 🌐

With all the summer events going on, keep your family sun safe. If you notice heat illnesses in your kids, spray them with cold water from a bottle or hose, fan them, and get them into the shade.



Regional Emergency Medical Services Authority - REMSA
Published by Hootsuite [?] · June 13 at 9:01am · 🌐

REMSA's Center for Pre-Hospital Education offers continuing education classes for medical providers as well as CPR and first-aid classes for the public. Check out our class calendar here and advance your training today: <http://ow.ly/4V6630cwPQd>



Regional Emergency Medical Services Authority - REMSA
Published by Hootsuite [?] · June 26 at 8:20am · 🌐

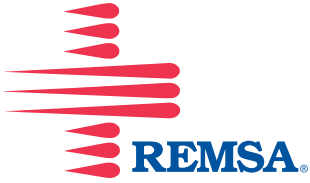
Before your family cycling adventure today, make sure to do the ABC check: Air in the tires, Brakes that work, and Chain operating smoothly. And of course, always make sure that helmets are on securely.



Regional Emergency Medical Services Authority - REMSA
Published by Hootsuite [?] · June 25 at 5:35pm · 🌐

This summer with hot days ahead we are reminding parents never to leave children unattended in or around a car - not even for a minute! Here are a couple tips to keep in mind: If a child goes missing, check the vehicle, including the trunk, first. and you should place something that you'll need at your next stop—for example a purse, your lunch, gym bag or briefcase—on the floor of the backseat where the child is sitting. This simple act could help prevent you from accidentally forgetting a child.





June 2017 Public Relations Report

Submitted by KPS3

STRATEGIC INITIATIVES



Steve Kopp, Paramedic Supervisor and Amy Carpenter, Paramedic

Our partnership with REMSA has created programs to make care more accessible, so you can get the right type of care when and where you need it.

renown.org/REMSA

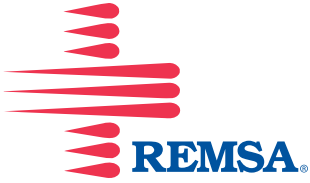


Renown
HEALTH

- Renown Health has launched an advertising campaign that features its key partnerships, including its partnership with REMSA's Community Health Programs. The campaign consists of :15 television spots and an outdoor billboard.



- Throughout the summer, REMSA is being featured on the video board with a safety public service announcement during Reno Aces baseball games, as well as during Reno 1868 FC (soccer) games. In addition, Care Flight delivered Archie (the Aces mascot) via helicopter to an early-season game.



June 2017 Public Relations Report

Submitted by KPS3

STRATEGIC INITIATIVES



SPECIALIZED CREWS FOR EVERY SITUATION

There are specialized crews for every situation. REMSA is committed to be ever-ready to ensure patients receive the most appropriate care and to make sure every patient treated gets the best medical care available.

REMSA Ground Operations is a private, self-sustaining entity, region comprised of 44 ambulances. All vehicles are equipped with a highly-trained paramedic and a Certified EMT.

Regional Emergency Medical Service Authority (REMSA) was established in 1986 with only a handful of ambulances and staff. REMSA now has a fleet of 44 ambulances, including a Critical Care Transport unit, and employs 200 full-time and part-time Paramedics, EMTs and EMTs. As the largest ambulance transportation company in the region, REMSA responds to approximately 7,000 calls per year and transports more than 10,000 patients per year.

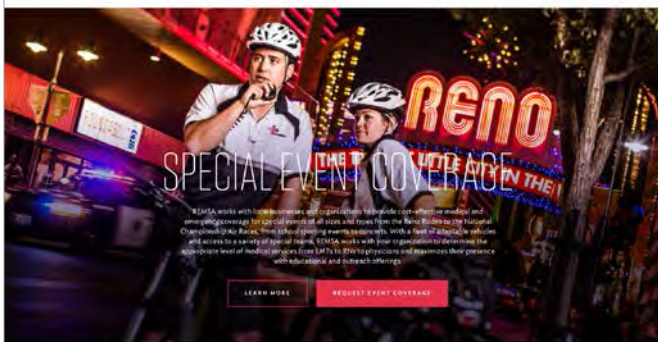


REMSA AMBULANCES

REMSA responds to approximately 7,000 calls per year and is responsible for 44 ambulances across the Reno-Carson region. High performance fleet and provides an opportunity to provide professional and/or a cutting edge services growth and development.

Learn More

CRITICAL CARE TRANSPORT



REMSA works with local businesses and organizations to provide cost-effective medical and emergency coverage for special events of all sizes and types from the Reno-Sparks 100 Festival, Championship Air Race, and other sporting events. With a fleet of ambulances, vehicles and access to a variety of local teams, REMSA works with your organization to determine the appropriate level of medical coverage from EMTs to EMTs to paramedics and ensures their presence with identifiable and outreach coverage.

LEARN MORE

REQUEST EVENT COVERAGE

OUR FLEET



AMBULANCES



CRITICAL CARE TRANSPORT



EMTS



PARAMEDICS

AMBULANCES

REMSA operates 44 advanced life support ambulances licensed for the state of Nevada and currently equipped with air-riding equipment and supplies. Ambulances are staffed with a Paramedic and Advanced Emergency Medical Technician-certified EMTs. REMSA also operates a Critical Care Transport ambulance that region. REMSA also operates a ground critical care ambulance staffed by Critical Care nurses including a level of care response and air-ambulance and EMT services.

- ▶ The REMSA website is in its final stages of content, design, image and quality review. Once completed, the website will provide information on all of REMSA's program elements including Community Outreach, Education, Communications, and Dispatch and Community Health. Visitors to the site will have access to information about what to expect when you call 9-1-1, fun facts about REMSA's fleet and maintenance program, how dynamic deployment operates and how to book the Special Events team. A launch is expected in mid to late July.



Regional Emergency Medical Services Authority

REMSA

PENALTY FUNDS DISTRIBUTION

JUNE 2017



REMSA 2016-17 PENALTY FUND RECONCILIATION AS OF MAY 31, 2017

2016-17 Penalty Fund dollars accrued by month

<u>Month</u>	<u>Amount</u>
July 2016	\$5,258.15
August 2016	5,652.02
September 2016	3,911.03
October 2016	5,856.87
November 2016	5,184.27
December 2016	6,044.93
January 2017	7,578.83
February 2017	7,822.06
March 2017	7,803.35
April 2017	6,681.71
May 2017	6,457.83
June 2017	
Total accrued as of 5/31/2017	\$68,251.05

2016-17 Penalty Fund dollars encumbered by month

<u>Program</u>	<u>Amount</u>	<u>Description</u>	<u>Submitted</u>
Child Safety	\$5,965.00	500 Sports First Aid Kits	January-17
Field Crew Ballistic Vests	46,800.00	78 Ballistic Vests	Mar-17
BLS/CPR Recertification	560.00	12 Recertification Classes	May-17
Total encumbered as of 5/31/2017	\$53,325.00		
Penalty Fund Balance at 5/31/2017	\$14,926.05		



Regional Emergency Medical Services Authority

REMSA

INQUIRIES

JUNE 2017

No inquiries for JUNE 2017

STAFF REPORT
BOARD MEETING DATE: July 27, 2017

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
775.328.2416, kdick@washoecounty.us

SUBJECT: **Review, discussion and possible direction regarding correspondence to be sent on behalf of the District Board of Health identifying concerns and opposition to proposed cuts to EPA and CDC programs and the potential impacts to Washoe County.**

SUMMARY

In light of the proposed cuts to EPA and CDC programs and to the National Weather Service and the impacts these cuts would have on Washoe County and the Health District, it was agreed at the District Board of Health Meeting of June 22, 2017 that a letter should be drafted for Board approval to inform our elected representatives of these potential effects and urging them to oppose these funding reductions.

District Health Strategic Objective supported by this item:

Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.

Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

Financial Stability: Enable the WCHD to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.

Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population.

PREVIOUS ACTION

At the District Board of Health Meeting dated June 22, 2017, it was announced that funding reductions proposed in the President's 2018 budget would impact Health District programs and our partner, the National Weather Service. It was proposed at that meeting that a letter be drafted to our Congressional representatives to communicate the DBOH concerns regarding the proposed budget reductions and their impacts to the Health District and the community.

BACKGROUND

The President's proposed FY 2018 budget contains funding reductions to programs of the Department of Health and Human Services, the Environmental Protection Agency, the National

Oceanic and Atmospheric Administration, and the USDA that would negatively impact the Health District and the community. While the President's budget is proposed, Congress must adopt a budget to be sent to the President for approval. Congress has the opportunity to address the Health District's concerns and provide funding for these programs.

FISCAL IMPACT

The reductions proposed in the President's budget would have significant fiscal impacts to the WCHD. Approval of the Congressional correspondence from DBOH will not have a fiscal impact.

RECOMMENDATION

Staff recommends the Board approve the proposed correspondence [with specification of any changes desired] to be sent to our Congressional representatives voicing concern and opposition regarding the effects of proposed cuts to citizens and visitors to Washoe County and to the Washoe County Health District.

POSSIBLE MOTION

A possible motion would be: Approve the proposed correspondence [with specification of any changes desired] to be sent to our Congressional representatives voicing concern and opposition regarding the effects of proposed cuts to citizens and visitors to Washoe County and to the Washoe County Health District.

Date

Dear [Congressional Representative]:

I am writing on behalf of the Washoe County District Board of Health to make you aware of our concerns regarding the President's proposed budget. The cuts proposed to the budgets of the Environmental Protection Agency (EPA), the Department of Health and Human Services (HHS), the National Oceanic and Atmospheric Administration (NOAA), and the Department of Agriculture (USDA) would negatively impact our community and jeopardize the Washoe County Health District's ability to protect the health of residents and visitors to Washoe County.

In Nevada, and across the nation, vaccine-preventable disease outbreaks cost lives and millions of dollars in medical care, outbreak response and control. The massive proposed reductions to the CDC Prevention and Public Health Fund (PPHF) will impact the Health District's ability to provide immunizations, conduct disease surveillance, take action to prevent the spread of communicable diseases, and address the causes of chronic diseases in our community. The proposed cuts will also reduce other services currently provided by the State for cancer screening, diabetes, heart disease, stroke, tobacco cessation, and behavioral risk factors surveillance.

The President's FY2018 budget proposes changes to the Hospital Preparedness Program (HPP), administered by the Assistant Secretary for Preparedness and Response (ASPR) that would eliminate all funding for the State of Nevada. Nevada is one of 19 states that would no longer receive this important federal funding under the President's proposed budget. HPP has historically provided funding and technical assistance to each state and territory to prepare the local health systems to respond to and recover from natural or human caused disasters. During FY17, the Washoe County Health District received \$259,817 from HPP. An additional \$109 million is proposed to be cut from CDC Public Health Emergency Preparedness. Without this funding, citizens and visitors to Washoe County and the State of Nevada will be at increased risk from healthcare system failures and other public health impacts when disaster strikes.

While great strides have been made in cleaning up the environment, air pollution remains a serious threat to public health. It causes tens of thousands of premature deaths in our country every year, as well as tens of millions of cases of adverse health impacts, such as cancer and damage to respiratory, cardiovascular, neurological and reproductive systems. The President's FY 2018 budget proposes a 30 percent reduction in federal grants to state and local air pollution control agencies under Sections 103 and 105 of the Clean Air Act (from \$227.8 million to \$159.5 million). A cut of this magnitude would be devastating for the Health District's Air Quality Management Division and would jeopardize our ability to continue to attain compliance with National Ambient Air Quality Standards (NAAQS), which are designed to protect the health of the citizens we serve.

Recognizing that weather is one of the most important factors to influence air pollution levels, especially in western regions subject to wintertime inversions and transport of wildfire smoke, the Health District relies heavily on the National Weather Service (NWS) for technical support. From providing daily forecast information to spot weather forecasts for prescribed and wildland fires, the NWS is one of our key partners. NWS provided critical

documentation necessary for the Health District to make an exceptional events demonstration to EPA to prove that several days of high ozone concentrations during 2015 and 2016 were caused by wildfires and not locally generated pollution that should be considered in NAAQS attainment determinations. Proposed reductions in the NWS would further impact the ability of the Health District's Air Quality Management Division to protect the public's health, and would impact the County's emergency response capabilities.

Throughout a person's life their health is affected by their own and their mother's health during pregnancy and early childhood. The Health District provides critical support for low-income pregnant, breastfeeding, and postpartum women and young children to ensure proper nutrition and development with funding from the USDA Women, Infants and Children (WIC) Program. The President's proposed reduction of \$188 million to this vital program would further reduce the Health District's ability to serve this population and would result in additional costs that will be borne by the community due to poor health outcomes that will result.

The reality is that the citizens of Washoe County have already been negatively impacted due to funding for federal programs remaining flat for many years, while the cost of delivering services has continued to rise. The severe cuts, proposed by the President, appear even more draconian when one realizes that the original budgets from which the cuts are proposed were not sufficient to meet the needs. On behalf of the Washoe County District Board of Health, I urge you to take action to protect this necessary funding and the health of the citizens and visitors to Washoe County, and reject the severe cuts proposed in the President's FY 2018 budget.

Sincerely,

Kitty Jung
Chair, Washoe County District Board of Health
Washoe County Commissioner

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: July 27, 2017

DATE: July 14, 2017
TO: District Board of Health
FROM: Charlene Albee, Director
775-784-7211, calbee@washoecounty.us
SUBJECT: Program Update, Divisional Update, Program Reports

1. Program Update



a. 2017 Ozone Season

With the start of this year's ozone season upon us, the need to continue to pursue the reduction of ozone precursor emissions is more critical than ever with the pending strengthened ozone standard. AQMD kicked off the summertime Keep It Clean outreach campaign with the assistance of a \$10,000 EPA Multi-Purpose Grant, passed through by the Nevada Division of Environmental Protection (NDEP). The Multi-Purpose Grants complement existing funding as a supplement to support implementation of high priority activities without requiring matching or cost sharing funding.

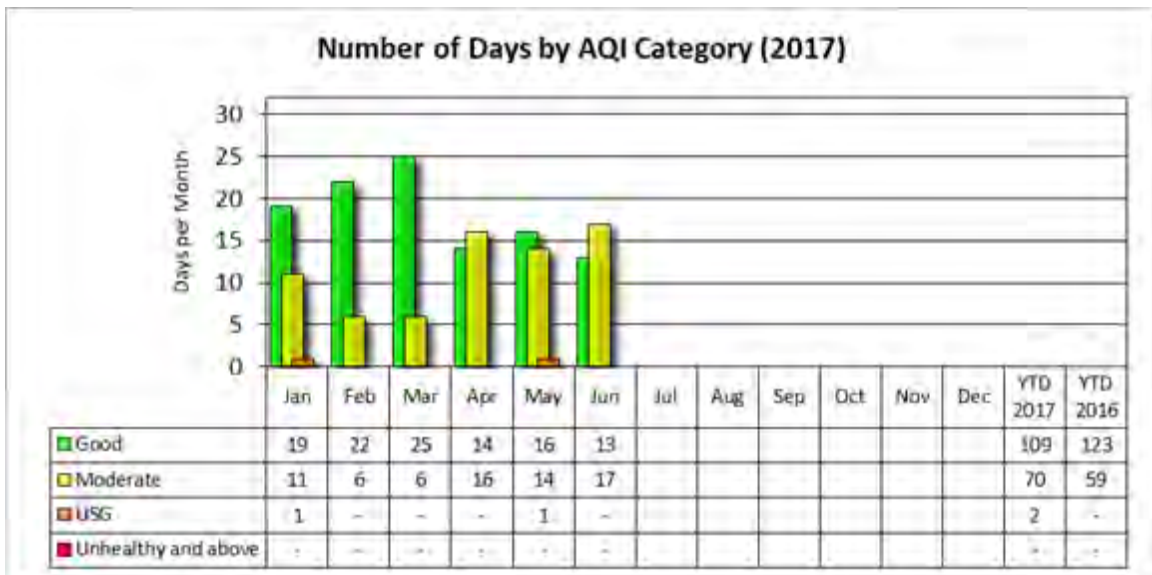
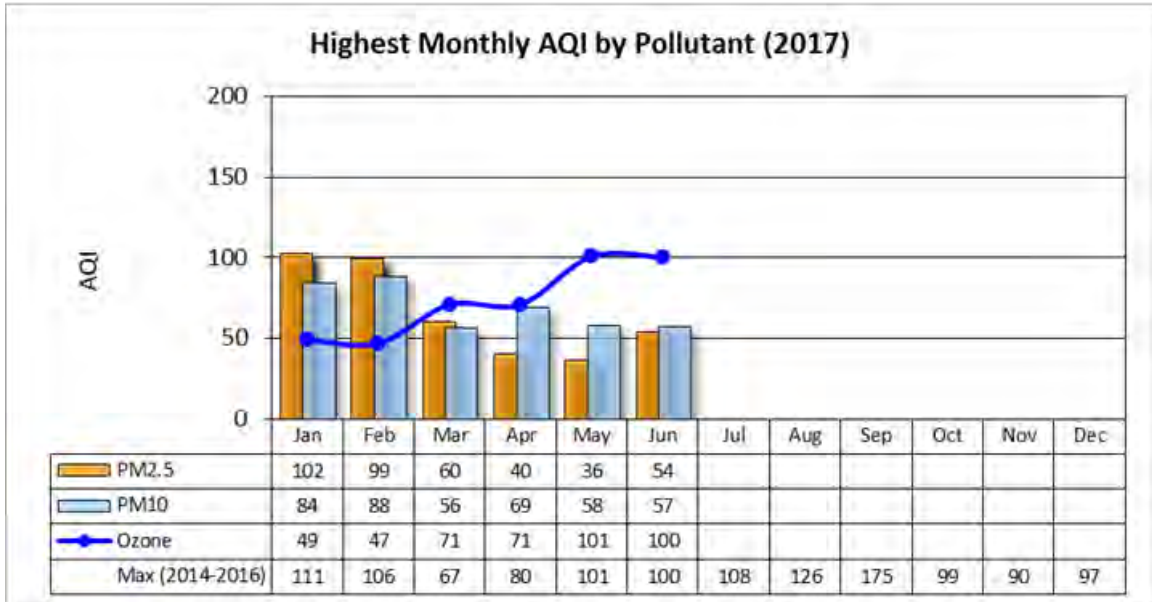
The outreach campaign focused on Keep it Clean - Rack Em' Up and Be Idle Free. Each of these banners support the initiatives in our Ozone Advance Path Forward. Paid advertisements were set up for each banner on Facebook, Instagram and Twitter from May 22nd through June 25th. A Be Idle Free panel was produced and placed on Regional Transportation Commission (RTC) bus tails providing advertisement throughout the area from May 29th through June 28th. Two different radio ads were also aired multiple times daily on KRNO-FM from May 29th through June 25th and on KOZZ-FM from June 5th through June 25th.

The goal of the outreach program is to educate the public and influence voluntary behavior changes which will have a positive impact on the health of the community.

Charlene Albee, Director
Air Quality Management Division

2. Divisional Update

- a. Below are two charts detailing the latest air quality information for the month of June. The first chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The second chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note AQI data are not fully verified and validated and should be considered preliminary. As such, they should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the AQI data, please visit OurCleanAir.com for the most recent AQI Summary.

3. Program Reports

a. Monitoring & Planning

June Air Quality: There were no exceedances of any National Ambient Air Quality Standards (NAAQS) during the month of June.

Washoe County Unified School District (WCSD): In June 2017, the WCSD Board of Trustees adopted a new Conservation and Sustainability policy (Board Policy 7400). AQM and WCSD staff collaborated to ensure this policy complemented Health District and school district goals. The policy provides direction to the WCSD and “commits to improving:

1. conservation efforts with efficient and effective energy usage by reducing energy use and increasing the use of renewable energy;
2. the environment within the schools for all students, faculty, staff and visitors through smart construction, operation and purchasing; and
3. the environmental impact of the District and the health of students, faculty staff and the community through healthy alternative transportation programs.”

The WCSD has approximately 64,000 students and 8,000 staff that report to over 100 sites. The travel habits of these students and staff travel have a tremendous impact on our region's congestion, air quality, and public health. Reducing the number of cars via carpooling, walking, biking, and transit will improve all of these negative impacts. Long-term investments on and around WCSD school campuses are critical in order to make active transportation a viable choice for students and parents. Schools, sustainability, air quality, and connectivity are four of Reno's Planning Commission's seven priorities for 2017.

NWS Wx Ambassador: Weather is one of the most important factors that influence our air pollution levels. For example, wintertime temperature inversions trap wood smoke in the valley. Zephyr winds clear out pollution in the summer. Winds can also transport wildfire smoke into our area. The National Weather Service is one of our key partners to help us understand our local air quality. They provide informative air quality-related weather stories that are shared via social media to hundreds of thousands of followers.

AQM recently solidified the NWS partnership by becoming a Weather-Ready Nation Ambassador. Ambassadors are committed to collaborating with NWS and develop common weather/air quality messaging to protect public health and safety.



Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting and Enforcement

Type of Permit	2017		2016	
	June	YTD	June	Annual Total
Renewal of Existing Air Permits	115	582	138	1285
New Authorities to Construct	6	36	8	97
Dust Control Permits	24 (715 acres)	107 (1821 acres)	17 (184 acres)	161 (2239 acres)
Wood Stove (WS) Certificates	50	242	45	434
WS Dealers Affidavit of Sale	0 (0 replacements)	22 (16 replacements)	3 (2 replacements)	81 (57 replacements)
WS Notice of Exemptions	1043 (7 stoves removed)	4533 (44stoves removed)	1006 (2 stoves removed)	7523 (66 stoves removed)
Asbestos Assessments	108	517	77	1020
Asbestos Demo and Removal (NESHAP)	28	141	35	261

Note: The reduction in the total number of monthly renewals of existing air permits, as compared to last year, is a result of multiple industrial process permits issued to a facility being consolidated into a single facility permit which includes multiple industrial processes. This is a result of streamlining made possible by the Accela Regional Licensing & Permitting System.

Staff reviewed fifty-six (56) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Permitting and Enforcement Branch Chief Mike Wolf is working with EPA Region IX to establish a methodology for permitting house hold pharmaceutical waste incinerators. This type of incinerator, if operated without oversight, has the potential to be hazardous to public health due to the nature of the materials being incinerated. The current EPA guidance requires a much more burdensome approach to permitting than is merited for this size source. A permitting strategy has been proposed and to date the EPA has acknowledged that this strategy as reasonable.

Staff conducted sixty-eight (68) stationary source and fifty-three (53) gasoline station inspections in June 2017. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2017		2016	
	June	YTD	June	Annual Total
Asbestos	0	9	2	29
Burning	2	8	0	16
Construction Dust	4	17	14	58
Dust Control Permit	0	1	1	13
General Dust	6	27	13	72
Diesel Idling	0	0	0	8
Odor	1	7	2	31
Spray Painting	0	5	0	3
Permit to Operate	2	2	0	8
Woodstove	0	0	0	1
TOTAL	15	76	32	239
NOV's	June	YTD	June	Annual Total
Warnings	0	3	2	16
Citations	2	5	2	24
TOTAL	2	8	4	40

*Note: Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf
 Chief, Permitting and Enforcement

DD	SK	__	__
DHO	__	KD	__

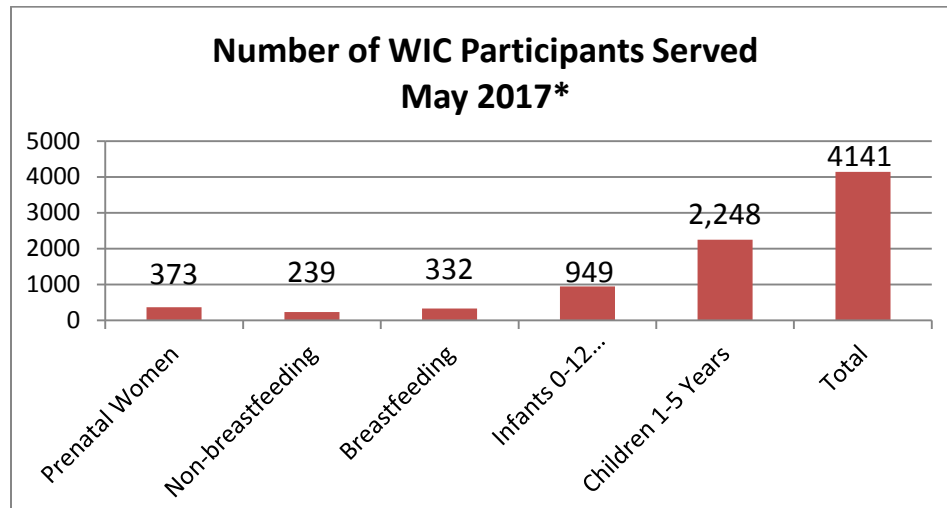
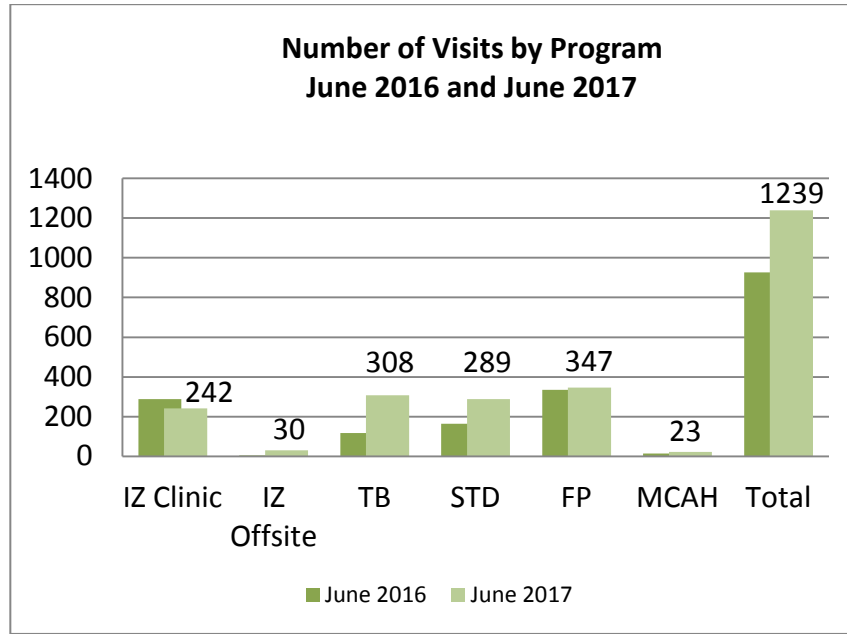
**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: July 27, 2017**

DATE: July 14, 2017
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
775-328-6159; skutz@washoecounty.us
SUBJECT: Divisional Update – Patagonia Health; Data & Metrics; Program Reports

1. Divisional Update

- a. **Patagonia Health** – CCHS is working with Patagonia Health on the use of PDF-fillable forms that clients could access online, completing much of their paperwork prior to their visit. This would save both our clients and staff time.
- b. **Public Health Associate Program (PHAP)** – We received notification that we are in the final stages of being matched with a Public Health Associate for the Immunization Program. Once matched, we should have the Associate with us from October 2017 through September 2019. CCHS has had six Associates from 2014 through this year.
- c. **Billing and Coding Training** – CCHS management staff Stacy Hardie and Kim Graham held Billing and Coding training for clinical and clerical staff on July 13, 2017, to enhance and simplify the complexities surrounding appropriate coding for services rendered. Accurate coding allows for improved billing practices, and better ensures for “clean” claim submission to third party payers.

d. Data/Metrics



*It takes a full month after the last day of the reporting month for final caseload counts as WIC clinics operate to the end of the month and participants have 30 days after that to purchase their WIC foods.

Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – University of Nevada, Reno School of Medicine residents started a two year rotation in the Sexual Health program. Staff developed goals, objectives, and evaluation criteria for this rotation. The residents will receive an orientation to Public Health, Washoe County Health District, and the Sexual Health program.

The five year state HIV prevention and surveillance funding announcement has been released. Staff is collaborating with state partners on the application.

- b. **Immunizations** – Staff administered 48 doses of vaccine to 19 children at the Family Health Festival Back to School event on June 24, 2017, at the Evelyn Mount Community Center. The program was initially scheduled to provide information only, however there was a cancellation by a local vaccine provider. Our Immunization Program stepped in to ensure that Vaccine for Children clients under the age of 7 years would have access to necessary immunizations.

Biridiana Mendoza, Office Assistant II, joined the Immunization Program on July 10, 2017.

Taiwo Osunlalu, Public Health Associate, resigned on June 27, 2017. Shawnette Andries resigned from her Public Health Nurse position to return to her former job with Washoe County School District. She will continue to be an intermittent hourly Registered Nurse for the Immunization Clinic.

- c. **Tuberculosis Prevention and Control Program** – Washoe County has had eleven cases of active Tuberculosis since January 1, 2017. There are currently twelve patients on daily direct observed therapy (DOT).
- d. **Family Planning/Teen Health Mall** – The program is requesting unobligated Title X funds in the amount of \$164,307 to use improved Pap testing technology, assistance with billing, additional Intermittent Hourly staff time, and additional birth control methods based on enhanced staffing.

Vanessa Ramirez, Office Assistant II, began working in the Family Planning and Sexual Health Programs on July, 10, 2017.

- e. **Chronic Disease Prevention Program (CDPP)** – CDPP Staff received training on the Tobacco Free Baby program with WIC Staff. The program is a joint tobacco cessation intervention for low-income pregnant and post-partum women and their families.

Staff attended two community forums on the topic of recreational marijuana to gain an understanding of the attitudes of the community surrounding the topic, and to better inform future programmatic activities.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Fetal Infant Mortality Review (FIMR) staff are preparing their annual program report. Staff abstracted data on 78 cases between July 2016 and June 2017. Of those 78 cases, 69 (88 %) were Washoe County residents and 9 (12%) were from outside Washoe County but received their medical care in Washoe County.
- g. **Women, Infants and Children (WIC)** – WIC Nutritionists received training on the Tobacco Free Baby program with CDPP staff listed above.

On May 24-25, 2017, the State conducted a Program Review of the Moana Clinic. Overall many areas of excellence were noted by the State in the formal review including: “All staff provided great customer services to participants, in person and over the phone. During an observation, a participant commented on how professional and helpful staff was”.

Staff Report
Board Meeting Date: July 27, 2016

DATE: July 14, 2017
TO: District Board of Health
FROM: EHS Supervisors
THROUGH: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us
SUBJECT: EHS Division and Program Updates – Food, Land Development, Safe Drinking Water, Schools, UST/LUST, Vector-Borne Disease and Waste Management

DIVISION UPDATES

- **Accela Update:** Staff has completed multiple written processes for how to utilize functions within Accela. With these processes in place, EHS has begun taking permit applications and payments online through the Accela Citizen Access (ACA) website. Recently staff also began utilizing the complaint record type to input, track and investigate citizen complaints. EHS staff is working with AHS staff to begin building the last of the record types needed for the Division which includes the residential onsite sewage disposal system permits and water project or water system construction plan and permit tracking.
- **Lemmon Valley Flood Recovery:** EHS continues to be an active agency with the ongoing recovery in the Lemmon Valley area. This includes continuing to complete home assessments and reassessments with Building and Safety clearing tagged homes as repairs are made. To date only one residential septic system is known to have failed, the tank collapsed and has been replaced.
- **Environmental Health Services Training Program:** The new trainee has completed inspection training for three out of four categories in institutions and is now doing institution inspections on his own while training in foods and his land development subprogram.

PROGRAM UPDATES

Food

- **Environmental Health Services Epidemiology Program:** As the semester ended the four gastrointestinal outbreaks in Washoe County schools came to an end; two closed prior to semester ending and two were closed after the semester ended. With the confirmation of norovirus from the sample and the delay in reporting, the Health District is pursuing resolution to ineffective response by the School District to outbreaks and completion of a toolkit that will be implemented districtwide.
- **Special Events:** The month of June saw a significant increase as was anticipated in the number of inspections performed by staff (224). The Street Vibrations Spring Rally, Reno Rodeo, and Great Eldorado BBQ, Blues & Brews Festival were the most significant events that occurred during June. The month of July opened with three large events

occurring over the 4th of July weekend, including Star Spangled Sparks, The Biggest Little City Chicken Wing Festival, and Red, White & Tahoe Blue, which stretched staff pretty thin across the County. A combined total of 88 inspections were conducted for these events alone. The remainder of July is expected to slow down before several large events take place again in August including the Barracuda Championship and Hot August Nights.

IBD

- Staff is beginning to perform the first routine inspections since the implementation of the new Invasive Body Decoration regulations. The changes are being received well by the regulated community and few compliance complications have been experienced. Staff also performed a search of possible tattoo removal facilities in the County that may require a permit under the new regulations and only two perspective facilities resulted from the search. Several facilities are currently performing tattoo removal, however most meet exemption criteria as procedures are being performed under the direct supervision of a physician.

Land Development

- The residential septic and well program has seen no decrease in construction or plan review activity. After this extremely wet winter, the program has indeed seen a decrease in residential well deepening but overall well construction has not decreased because of new residential construction in areas outside of the various public water system service territories.
- Through June 30, septic plan reviews are at 494 versus 366 for 2016. Well plans are down slightly for the year to 84 versus 89. Plan review times continue to stretch to 30 days on occasion, but average review time is just over two weeks. The newest team members are already assisting with relieving the plan review distribution and have immediately created a tangible positive impact on the team.
- Heading into July, the team is looking to begin logging all well inspections into Accela for better tracking and accounting. In addition, they are looking to streamline the driller's log process at the back end of closing out well permits – this will increase the speed of finalized well paperwork as well as reduce the amount of time that paper plans need to be stored while waiting for one additional piece of documentation.
- The first meeting for bringing over the counter Land Development permits into Accela was held. The goal is to bring all the remaining permits that were not designed originally into the new permitting system. This will hopefully over time allow for increased tracking and statistical measurement.

Safe Drinking Water

- Staff is working with various stakeholders to streamline plan review and water project review guidelines and requirements. This is being done in conjunction with the three building departments within the Health District. The program is also working with NDEP on the transfer of old files and records for final records retention. This will provide the Division much needed storage space and place the records with the entity of jurisdiction for permanent storage.

- During June the Safe Drinking Water program had 3 validated positive coliform tests versus a more normal 0-1 per month. In addition to the 3 positives, one water system also received a positive on its repeat samples, which triggered a Level 1 Assessment. This subsequently led directly to a Level II Assessment, which was conducted in conjunction with the State. WCHD is taking the lead on the write up and issuance of the results. This has created a new opportunity to learn the back end side for Level II Assessments and continues to expand the abilities of the team in that area. Staff is working with Heather Kerwin to provide updated information on compliance levels of water systems within Washoe County. This project will allow the Health District to begin creating a baseline of information and show trends in how compliance levels are changing over time.

Schools

- Staff is starting inspections for the fall semester of 2017 in July. We are currently working on an inspection manual for schools and will be training more staff to conduct school inspections starting late in the fall of 2017 and continuing into 2018.

UST/LUST

- As you may have seen throughout the community, many fuel stations are under construction either as result of maintenance or station expansions. These inspections are time sensitive and take multiple staff to complete. Additionally, staff has been working with NDEP on the transfer of active LUST cases to the State pursuant to the new interlocal agreement which went into effect on July 1st. This work includes scanning and copying all case files so that WCHD can maintain the official records of what activities EHS completed on these projects.

Vector-Borne Diseases

- The New Jersey light traps have indicated a recent decrease of *Culex tarsalis* although the index threshold is still high in Lemmon Valley, Donnor Springs, Damonte Ranch, Washoe Valley, South Meadows and Kiley Ranch for this mosquito specie. Staff assisted with the helicopter application of 2,500 acres larvacided on July 12 and 13, with MetaLarv from the North Valleys (including Silver Lake) to Washoe Valley. Staff has provided aerosol fog applications to Damonte Ranch and Washoe Valley with the large numbers of *tarsalis*.
- The Elisa testing of the sentinel flocks are still negative for mosquito borne viruses. Staff continues multiple trapping sites weekly in the Truckee Meadows Community. A positive *C. tarsalis* collection for West Nile virus (WNV) was trapped the week of June 26 in South Meadows at the eastern end of South Meadows Parkway. Through July 10, 450 samples with 10,000 adult mosquitoes have been sent to the Animal Diseases Laboratory ADL with one positive collection. To date the adult collections of mosquitoes from the New Jersey light traps have been negative.
- Staff through middle of July has sampled and larvacided 1,700 catch basins. One of several mosquito species that habits the catch basin is *Culex pipiens*, the Little House Mosquito (named as they like to enter homes). This specie is important to its proximity to people as it plays a role in the transmission of mosquito borne viruses.
- With the recent cluster of bat interaction with humans, staff was requested to provide some bullet points about Rabies and Bats. Shyanne Schull Director of Washoe County

Regional Animal Services, Dr. Lei Chen from Epidemiology and Public Health Preparedness, and Phil Ulibarri Communications Manager assisted in providing bullet points for this fact sheet.

- Staff reviewed 21 civil/building plans this past month. Seven projects have been signed off receiving their C of O.
- Vector Responses to Public Requests:

	JAN 2017	FEB 2017	MAR 2017	APR 2017	MAY 2017	JUNE 2017	YR Total	Mo. Avg
Mosquito	1	2	11	11	72	44	141	23.5
Mosquito Fish – Gambusia	0	0	10	25	36	36	107	17.8
Gambusia Delivered	0	0	0	0	0	492	492	82
Hantavirus	5	0	2	6	6	10	29	4.8
Plague	0	0	5	0	0	2	7	1.2
Rabies	2	0	6	5	4	25	42	7
Planning Calls	21	6	6	3	14	8	58	9.7
Lyme Disease/Ticks	0	1	0	2	2	3	8	1.3
Media	0	1	0	4	3	9	11	1.8
Outreach / Education / Misc.	2	4	24	90	22	147	289	48.2
Cockroach / Bedbug	12	8	13	18	16	26	93	15.5
West Nile Virus	0	0	0	2	0	0	2	0.3
Zika	1	1	0	1	0	0	3	0.6
TOTAL	44	23	77	167	175	796	1,282	213.8
Planning Projects	12	6	26	8	12	15	79	13.2

Waste Management

- EHS has contracted for multiple years with Keep Truckee Meadows Beautiful (KTMB) to reduce illegal dumping and increase recycling rates. Attached to this report is the first ever KTMB Regional Recycling Guide translated in Spanish to help expand the reach of our recycling efforts within our community. Staff has also completed the review of the various Requests for Proposal (RFPs) for the regional waste characterization report and hope to have a final proposal selected in the coming months.

EHS 2017 Inspections / Permits / Plan Review

	JAN 2017	FEB 2017	MAR 2017	APR 2017	MAY 2017	JUNE 2017	YR Total	Mo. Avg
Child Care	1	4	9	6	8	23	51	9
Complaints	40	61	93	98	59	96	447	75
Food	212	282	367	377	325	445	2,008	335
General*	45	36	75	93	363	182	794	132
Developmental Review Numbers	30	34	38	33	19	37	191	32
Plan Construction Inspection (Commercial)	16	19	25	38	32	33	163	27
Construction Plans Received (Comm.)	17	53	45	64	51	90	320	53
Plan Review (Residential - Septic/Well)	41	67	88	74	117	81	468	78
Residential Septic/Well Inspections	18	52	84	102	89	97	442	74
Temporary Foods/Special Events	22	22	29	85	85	224	467	78
Temporary IBD Events	0	0	45	45	0	0	90	15
Well Permits	4	9	14	21	14	19	81	14
Waste Management	21	23	16	18	30	27	135	23
TOTAL	467	662	928	1,054	1,192	1,354	5,657	943

* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

Washoe County to Start Annual Mosquito Abatement Posted: Jun 12, 2017 12:36 PM PDT



Beginning Wednesday, the Washoe County Health District will start spraying areas throughout the Truckee Meadows to curb the hatching of mosquitoes.

The larviciding will cover approximately 3,100 acres in Washoe County from the North Valleys area including Spanish Springs to Washoe Lake.

Health officials report the applications will consist of Vectolex granules, a biological larvicide that naturally occurs in the environment. This product is target specific, affecting mosquito larvae with no effects to humans, fish, water fowl or other non-target organism's such as bees.

The Health District has started disease surveillance mosquito trapping targeting species of mosquitoes that transmit diseases, including trapping methods for detection of mosquitoes capable of transmitting the Zika virus, should they appear in the Truckee Meadows area.

Health officials remind people that they should take precautionary measures and steps to avoid being bitten by mosquitoes. During the spring and summer months people should:

- Wear long sleeves and long pants in mosquito prone areas
- Use mosquito repellent such as Deet, oil of lemon eucalyptus, Picaridin, IR3535, or other natural products – a layer directly on skin, and one on clothing works well
- Keep window and door screens in good repair to prevent entry for mosquitoes into homes
- Vaccinate horses for Western Equine Encephalitis (WEE) and West Nile Virus (WNV)
- Clear areas around living spaces of any free-standing water and containers that can hold even small amounts of water that may become a mosquito breeding-ground

The Vector Borne Diseases Program has mosquito fish available for ponds, troughs and other water containers which will feed on mosquito larvae and prevent them from hatching into biting adult mosquitoes.

If you are experiencing biting mosquitoes call the Vector-Borne Diseases Program at 785-4599, and staff will investigate the source.

Spraying for Mosquitoes Begins in Washoe County

Posted: Jun 14, 2017 11:23 AM PDT By John Potter producers@ktvn.com

As warmer weather makes a comeback, so will mosquitoes. It's looking like a pretty big year for the bugs, and it won't be long before mosquitoes are on the warpath again. It's hatching time for them, and they bring the threat of West Nile, or even the Zika virus.

This year there's a bad omen...it's been wet, and that means more breeding ground for more little biters, spreading a very dangerous disease...this year in a wider area. Vector-borne Disease Specialist Will Lumpkin told us they expect mosquitoes, "In areas where we typically don't have them. Just kind of on the borders, and they're more spread out."

Washoe County Vector Control is part of the health department. They work pretty much unnoticed, until the potentially deadly mosquito threat comes up every summer. Lumpkin says, "We have about 8 or 10 species of mosquitoes in the area that are capable of transmitting various diseases. West Nile Virus is our primary one."

West Nile is often fatal, and there's no cure for it. The only thing will and his crew can do is prevention. Today (Wednesday) was the first seasonal application of their biological control agent. Lumpkin says, "That actually is a bacterial spore. And the mosquito larvae consume it, and it becomes lethal once they consume it." The granules are loaded into a dispenser attached to a helicopter. After takeoff, we watched as it dropped them over the many standing water pools, targeting Washoe County's wet spots, "Spanish Springs, Stead, Rosewood Lakes and the Damonte Ranch areas."

But they can't stop all infected mosquitoes. For you and I, avoiding them is our only defense. And this is how you do it: wear long sleeves and long pants outdoors. Use mosquito repellent like DEET. Keep windows and door screens in good shape. Vaccinate horses for Western Equine Encephalitis and West Nile. And clear out any free-standing water. Lumpkin says, "That can be as small as a 5-gallon bucket to a boat that's not maintained that's being hit with sprinklers, abandoned swimming pools or just things in the yard that are unmaintained."

Other granule drops are planned for July, August and September...eventually covering 3,100 acres from the North Valleys to Washoe Lake.

And along with West Nile, mosquitoes also carry the deadly Zika virus. That has not shown up in northern Nevada, but the mosquito abatement drops can stop that too. The Washoe County Health District asks that if you experience biting mosquitoes, call the Vector-borne Diseases Program at 785-4599 so they can investigate their source.

Chickens help detect West Nile Virus

By [Terri Russell](#) | Posted: Tue 6:03 PM, Jun 27, 2017 |

RENO, Nev. (KOLO) - Most people think of chickens as something good to eat and not too bright. But these chickens near Hidden Valley and elsewhere across the Truckee Meadows are helping health officials detect the course of West Nile Virus here.



Once a week, Terran Drescher and Jeff Jeppson from Vector Control with Washoe County Health Department collect the ten hens from their coop and collect blood from the chickens. The two work side by side, documenting the number of the bird, and collecting the strips of blood to be taken to the lab.

“The chickens don't feel any ill effects of West Nile. They are pretty resilient so they are able to fight off the disease with antibodies. And that's what we are looking for in the Elisa test we run,” says Drescher

If the chickens test positive to the anti-bodies, that tells vector control infection in humans and horses is just one step away.

“If we do detect it in these areas we know we have to amp up our control,” says Drescher

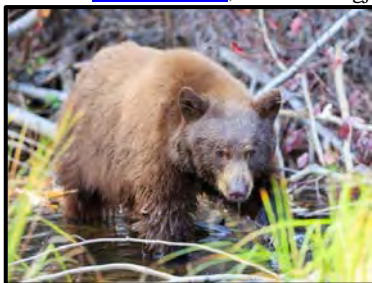
Back at the lab, holes are punched from the blood strips, and processed in these specially-designed trays so the anti-bodies become apparent.

This is the controlled portion of the test; if any of the samples test positive they too would be this emerald shade of green. So far all tests are negative for this week.

Just minutes after the bird has had blood drawn, we can see there are no long-term ill effects. But they will be back next week to test again.

Nevada's deadliest animals will surprise you

[Mark Robison](#), mrobison@rgj.com Published 1:11 p.m. PT June 29, 2017 | Updated 10:55 a.m. PT July 3, 2017



A look at potentially deadly animals in Nevada and the chances they will actually kill you. Black bear near Lake Tahoe(Photo: Getty Images/iStockphoto) How dangerous are the 550 black bears in Nevada?

Fears would be understandable after black bears recently mauled four people in Alaska, [killing two](#) in separate [attacks](#).

The Nevada Department of Wildlife reports that the biggest perceived wildlife threats are not black bears

but rather mountain lions and rattlesnakes. Indeed, the state is home to about 3,000 mountain lions and five species of rattlesnakes. Could either of these be the deadliest wild animals in Nevada?



Or maybe you've read these types of stories before and think the deadliest must be mosquitos.

If you picked any of the above animals, you'd be wrong. They are certainly dangerous but not especially fatal, at least in Nevada. Instead, you should keep your eye on the Silver State's most dangerous beasts: horses and mice.

As you head outdoors this summer, keep in mind these potentially deadly wild animals in Nevada. Below is a look at how likely encounters are to turn fatal and tips for minimizing tragedy.

• **Black bears:** Jessica Heitt, urban wildlife coordinator with the Nevada Department of Wildlife, said there are 500 to 600 black bears in Nevada and that there has never been a fatal black bear attack recorded here. But she offered advice: “When you're out camping and hiking, know you are in black bear country [and take precautions with bear-proofing your food]. If you see a cub, back away, leave the area.” Chance of fatality: LOW

Mountain lion (Photo: Getty Images/iStockphoto)

• **Mountain lions:** In 1991, a mountain lion pounced on a woman hiking with two men in the mountains within the Nevada Test Site area of Nye County. The men struck the lion with their cameras until the lion, believed to be an adult female, left. The mountain lion later tried to attack a state worker sent to investigate, and he killed her, according to government incident reports. Heitt said there are 2,500 to 3,500 mountain lions in Nevada and she's aware of no fatalities involving them here.



“These animals are always on the hunt for food, so if there is food in your area, you might come in contact with them,” she said. “But they are extremely afraid of humans and have a large hunting range – 100 square miles – so they won’t stay for long and they are good at camouflage. If you see a mountain lion, you don’t want to run. Keep an eye on it and back away. Most mountain lion attacks in the U.S. are when people are running – you trigger their predator instinct.” Heitt said their victims are usually with children. Chance of fatality: LOW



A Great Basin rattlesnake is seen near Reno. (Photo: Mark Robison/RGJ)

• **Rattlesnakes:** Nevada is home to five venomous snake species. A subspecies of the Western rattlesnake called the Great Basin rattlesnake lives in the northern two-thirds of the state, including Washoe County. Four species live in southern Nevada: the Sidewinder, the Mohave, the Speckled and the Western Diamondback. Heitt said, “There are about 7,000 to 8,000 venomous bites per year in the United States – only about five are fatal. As long as you have multiple hours to seek treatment, you shouldn’t have an issue.” She is not aware of any rattlesnake-related deaths in Nevada.

Most snake bites are linked to deliberate harassment so safety advice includes not messing with them at all and looking before reaching or stepping into crevices, rocks and brush. Chance of

fatality: LOW.

Note: Nevada has another venomous reptile, the Gila monster lizard in southern Nevada. The [NDOW website says](#), “The Gila monster spends up to 98% of its life underground and because observations are rare, everyone is encouraged to report Gila monster sightings to the Nevada Department of Wildlife.”



Coyote (Photo: Getty Images/iStockphoto)

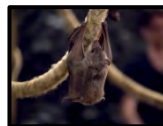
• **Coyotes:** “Coyotes weigh only 20 to 30 pounds,” Heitt said. “If you put up a fight, there should be no issue with them. The main coyote concern is with [attacking] small dogs.” Chance of fatality: LOW

Deer (Photo: Getty Images/iStockphoto)

• **Deer:** Heitt said about 200 humans and 1.3 million deer die each year in the United States from deer-vehicle collisions, but she could not find any cases in Nevada. Meg Ragonese of the Nevada Department of Transportation said the agency has installed multiple safety crossings across the state to help reduce vehicle-animal collisions by allowing animals to cross rural highways without interfering with traffic. “In northeastern Nevada, NDOT has installed approximately 10 crossings on I-80 and U.S. 93 to help reduce collisions as deer herds migrate seasonally across the highways,” she said. Chance of fatality: LOW



Bat (Photo: Getty Images/iStockphoto)



• **Bats:** Heitt said, “Bats can technically carry rabies, but that’s less than 1% of the bats in Nevada. If you come across a bat with rabies, it’s likely to be on the ground so just don’t pick it up.” She was unaware of anyone dying in Nevada from a bat bite.

Jim Shaffer, with the Washoe County Health District’s vector borne disease unit, said he is unaware of any Nevada deaths related to bats either. But he did say that in June, “we had an individual who interacted with a bat and went through the five-shot prophylaxis. The individual had the bat with them and we gave it to the animal diseases laboratory. Believe it or not, it came up positive so we’re happy the person came in.”

He said if you interact with a bat, coyote, raccoon or skunk, “seek medical treatment and that avoids death.” He added that your pets should be current on their rabies vaccinations. Chance of fatality: LOW



Arizona Bark scorpion (Photo: Getty Images)

- **Scorpions:** Heitt said scorpions in Northern Nevada are not too venomous and stings are more like those from a bee. "In southern Nevada, however, we do have the Arizona Bark Scorpion, likely an invasive species, which is the most venomous of all scorpions but is still very unlikely to be fatal," she said. Cases of scorpion killings in Nevada could not be found. Chance of fatality: LOW

Mosquito (Photo: Getty Images/iStockphoto)

- **Mosquitos:** There are 40 types of mosquito in Nevada and 12 of those carry diseases that can be transmitted. Those diseases are St. Louis Encephalitis, West Nile and Western Equine; they can give you flu-like symptoms such as headache, fever, body aches. They can affect motor skills and if fevers get high enough, they can lead to death. Only adult female mosquitos are the culprits. Shaffer said Washoe County has seen one or two cases in the past few years, and 17 in just 2006. "I don't think we've had fatalities but [victims] have had to go through a long period of rehabilitation. Even in minor cases, it can take months to get to where their health has improved."



To avoid mosquito problems, use repellent in the early morning and in the evening, he said. Dump out standing water; if you see standing water where you don't feel comfortable going, such as in the backyard of a foreclosed home, he suggests informing the Health District so it can inspect the area. Phone: 775-785-4599. Chance of fatality: LOW



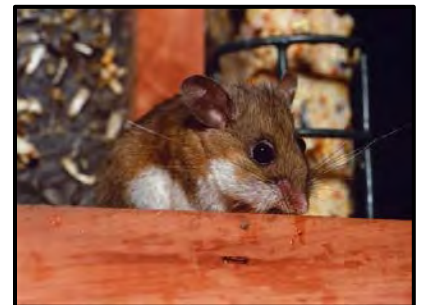
Squirrel (Photo: Getty Images/iStockphoto)

- **Squirrels/fleas:** Plague is a bacteria that fleas transmit to ground squirrels, and squirrels can transmit the plague-ridden fleas to humans or pets. "We [in Washoe County] haven't had a case since the '80s, I think, of plague," Shaffer said. "As a preventive measure, in the spring of every year, we spend a week dusting the city and county parks all the way up to Sand Harbor. We put powder into the burrow so it doesn't kill the squirrels, it kills the fleas on them." He recommends discouraging habitats for squirrels such as by filling burrow holes and voids in rock walls. If you see a dead or sick squirrel, keep yourself and your pets away because the fleas will seek another host. "Keep away from dead animals," he added. Chance of fatality: LOW

Peromyscus maniculatus (Photo: ArendTrent, Getty Images/iStockphoto)

- **Deer mice:** Hantavirus is endemic in Washoe County, including the Gerlach area. "It's a viral disease and it's spread through infected rodents, their feces and urine," Shaffer said. He said the fatality rate for those contracting Hantavirus is "high." [According to the Centers for Disease Control](#), 28 cumulative cases have occurred in Nevada. There have been two deaths, including an Elko firefighter who died in 2011 after a rodent nest fell on him while he was dealing with a chimney fire. In 2012, three tourists died at Yosemite from exposure to Hantavirus.

The disease is not carried by regular house mice but rather by deer mice that are brown and have a white underbelly. Calls to the Health District regarding Hantavirus tend to be when people want to clean out a building or shed that hasn't been entered in months or longer. "They need to open windows and doors and air it out," Shaffer said. "If they're going to clean it out, they should wet it down with a wet mop to sweep out the feces and urine from the floors. Wet it down before you do it, because otherwise those droplets get aerosolized." Chance of fatality: MEDIUM



A wild horse crosses U.S. 50 east of Dayton. (Photo: Marilyn Newton/RGJ file)

- **Horses:** About one human fatality annually during the past five years has been reported from horse-vehicle collisions, according to Nevada Department of Transportation figures requested by the Reno Gazette-Journal: one in 2012 in Elko County, one in 2013 in Mineral County and another in Washoe County, and one in 2014 and another in 2015 in Lyon County.

Note: During that time frame, there was also a traffic fatality involving an antelope in 2012 in White Pine County and one involving a cow in Churchill County this past December. Chance of fatality: MEDIUM

Health officials concerned about contact between people and bats

By [Terri Russell](#) Posted: Mon 3:13 PM, Jul 03, 2017 |

SPARKS, Nev. (KOLO) - Like clockwork at dusk, Brazilian free-tailed bats come out of their roosts at McCarran Bridge, over the Truckee River in Sparks.

Those who study these bats may not have an exact number. But they do know this colony eats about 500 pounds of bugs a night, each consuming one half its body weight.

Those bugs include mosquitoes. They are a definite plus to our environment. But when they get sick, and handled by people, that poses a real health risk. In the last 30 days, it's happened 12 times in Washoe County

"I don't recall ever having seen that high a number in such a short period of time," says Dr. Randall Todd, Washoe County Health Department Epidemiologist.

Dr. Todd released his findings to the county board of health about 10 days ago. He suspects the wet winter brought on more bugs this summer; those bugs can hang around humans and bats can come near.

It's estimated bats are responsible for 90-percent of people potentially exposed to rabies

"An invariably fatal illness," says Dr. Todd.

While there are only one or two rabies cases a year here in the U.S. about 30,000 people have potential exposure each year. That can occur from a bat bite, or bat saliva that comes in contact with a person's eyes, mouth nose or through an open wound.

Dr. Todd says bat bites can be so small; you may not know you've been bitten. But here's the kicker; only 6% of bats carry the rabies virus. So how do you know?

No one knows if a bat has rabies unless it is tested in the lab. Bats flying around at dusk, active at night and coming back to hide during the day is normal.

But if you see a bat in the day that can't fly, or lift itself off the ground, that should send warning signals to you the bat may carry a disease.

It's the sick bat that may place itself in the human's path. Or a dog or cat's path as well. However, most pets are vaccinated against rabies, you typically are not.

If the bat is seized safely, it will be tested for rabies. If tests are positive, a series of shots is recommended over a course of two weeks. They are delivered in the arm, not in the stomach as in the past.

If the bat you've been exposed to cannot be found for testing, you have to decide what medical course you want to take. To report a suspicious bat, contact Washoe County Vector Control at 775-785-4599.

First 2017 West Nile sample in Washoe County confirmed in S. Reno

by News 4-Fox 11 Digital Staff Wednesday, July 5th 2017

RENO, Nev. (News 4 & Fox 11) — The first 2017 mosquito sample of West Nile Virus in Washoe County has been confirmed, with the sample coming from the South Meadows neighborhood, according to a press release.

Washoe County Health District spokesman Phil Ulibarri said health officials will be fogging the South Meadows neighborhood in the morning of Thursday, July 6.

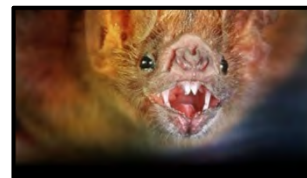
According to Ulibarri, when a virus sample is confirmed, the Health District will increase mosquito surveillance and insecticide fogging.

"Because of the heavy precipitation this winter and the prolonged heatwave over the past couple of weeks, it is not surprising that we are seeing West Nile Virus in the area," Ulibarri said in his statement. "The weather has been particularly hot and humid offering prime breeding factors for mosquitos."

Residents can report night-time mosquito activity to the Health District by calling 785-4599 or 328-2434.

People are also asked to take steps to avoid mosquito bites:

- Wear proper clothing and repellent if going outdoors when mosquitos are most active in the early morning and evening.
- Use a repellent containing DEET, picaradin, oil of lemon eucalyptus, or IR3535 according to label instructions. Repellents keep the mosquitos from biting you. DEET can be used safely on infants and children 2 months of age and older. Applications can be put directly on the skin and also on clothing.
- Make sure that your doors and windows have tight-fitting screens to keep mosquitos out. Repair or replace screens with tears or holes.
- Clear standing water and any items from around homes that can be potential mosquito breeding-grounds, including small puddles, pools, planters, children's sandboxes, wagons or toys, underneath and around faucets, as well as plant saucers and pet bowls.
- Vaccinate your horses for WNV.



Fighting mosquitoes through landscaping

By [Terri Russell](#) | Posted: Thu 4:59 PM, Jul 06, 2017 |

RENO, Nev. (KOLO) - Now Foods is in a large warehouse in Sparks. The parking lot is like any other in the neighborhood, but on second glance you'll notice a low spot going through the center of the lot.

This landscaping is not necessarily brand new, but it helps keep the river clean and mosquitoes at bay.

“Landscaping features to help treat water before the water is released back into the storm drain system, which ultimately gets to the Truckee River,” says Matt Rasmussen with Tectonics Design Group:

Engineers and architectural landscapers often include what's called Low Impact Development when designing business complexes.

In the blueprints for this building, you can see the low impact landscape is in the front and sides of the building. The low spots serve two purposes when analyzing the structure: its height and how much land it will use; engineers determine what run-off will look like.

That runoff will surely have chemicals like motor oil and even brake fluid in it from the parked cars. This low spot contains about four feet of dirt to filter that water before drains take it to the river.

But the design also prevents water from pooling so mosquitoes don't develop.

“This development here prevents that standing water by infiltration by, you know, not having engineering controls such as catch basins, pipes and that kind of thing where water just sits in,” says Ryan Sims with Odyssey Engineering.

And there are new and improved catch basins as well. One storm drain contains a mechanism that prevents mosquitoes from making their way into runoff, and laying eggs.

In new neighborhoods you might notice a change in landscaping. In Sparks there's plenty of xeriscaping and lawn. But notice how little lawn, and how far this landscaping is from the street.

This design is to prevent runoff from making its way to storm drains where mosquito larvae are found. So while you think the fight against mosquitoes only takes place in the air, there are ground efforts too that are less dramatic, but effective in their own way.



Washoe County Health District Continues Mosquito Abatement

Posted Jul 11, 2017 11:50 AM PDT Wednesday, July 12, 2017 5:30 PM EDT

The Washoe County Health District will spray areas throughout the Truckee Meadows to help curb the hatching of mosquitoes.

Subsequent applications are planned for some time in the first two weeks of August and September.

The larviciding will cover the Lemmon Valley, Kiley Ranch, Red Hawk, Rosewood Lakes, Butler Ranch, South Meadows, Damonte Ranch, and Washoe Valley areas to prevent mosquito hatching over approximately 3,000 acres.

Health officials report the applications will consist of MetaLarv, a biological larvicide that only targets mosquito larvae, with no affect to humans, fish, water fowl or other beneficial insects such as bees.

Earlier this month the Washoe County Health District confirmed that a mosquito sample from the South Meadows area tested positive for the presence of West Nile Virus (WNV). This is the first positive test in Washoe County in 2017. While monthly larviciding is expected to reduce the number of mosquitoes in the area, health officials remind people that they also should take steps to avoid being bitten by mosquitoes.

To avoid mosquito bites:

- Wear proper clothing and repellent if going outdoors when mosquitoes are most active - in the early morning and evening;
- Use a repellent containing DEET, picaradin, oil of lemon eucalyptus, or IR3535 according to label instructions. Repellents keep the mosquitoes from biting you. DEET can be used safely on infants and children 2 months of age and older. Applications can be put directly on the skin and also on clothing;
- Make sure that your doors and windows have tight-fitting screens to keep mosquitoes out. Repair or replace screens with tears or holes;

- Clear standing water and any items from around homes that can be potential mosquito breeding-grounds, including pools, planters, children's sandboxes, wagons or toys, pet bowls, and small puddles underneath and around faucets; and,
- Vaccinate your horses for West Nile Virus

If you are experiencing biting mosquitoes call the Vector-Borne Diseases Program at 785-4599, and staff will investigate the source of these adult mosquitoes.

The Vector-Borne Diseases Program also has mosquito fish available for ponds, troughs and other impoundments containing water which will prevent mosquito larvae from hatching into biting adult mosquitoes.

Washoe County Health District Conducting Helicopter Drop to Prevent West Nile Spread

[KOH Local News](#) Posted on July 12, 2017

The Washoe County Health District Vector-Borne Diseases Program will conduct its second seasonal helicopter larviciding application in the early morning hours today (Wed) and Thursday. Subsequent applications are planned for some time in the first two weeks of August and September. The larviciding will cover the Lemmon Valley, Kiley Ranch, Red Hawk, Rosewood Lakes, Butler Ranch, South Meadows, Damonte Ranch, and Washoe Valley areas to prevent mosquito hatching over approximately 3,000 acres. Earlier this month the Washoe County Health District confirmed that a mosquito sample from the South Meadows area tested positive for the presence of West Nile Virus.

US Woman Suffers Tick Bite, Dies From Deadly Illness Weeks Later

Amruta Agnihotri [International Business Times](#) July 13, 2017

When 58-year-old Tamela Wilson spotted a few ticks on her body late May, she simply pulled them off, never imagining these ticks would harm her in any way.

However, when she fell ill and her health began to deteriorate, she consulted a primary doctor. Upon examining her, the doctor told her she had contracted a urinary infection and gave her some antibiotics.

Little did she know she would ultimately end up afflicted by the deadly Bourbon virus that has no cure.

According to a [CBS News](#) report, Wilson, who worked at Meramec State Park, Sullivan, Missouri, started experiencing health problems a day after visiting the doctor.

"She literally couldn't even pick up her phone. She had no strength. My sister had been calling her and couldn't get a hold of her. My mom said the phone was right there ringing, but she could not pick it up to answer it," Wilson's daughter Amie May told CBS News.

Read: [Can Lyme Disease Be Cured? Tick-Transmitted Illness Rates Will Be Especially High In 2017](#)

Wilson was initially admitted to the Barnes-Jewish Hospital, St. Louis on May 31.

"They did a couple skin biopsies, but they came back fine. They did another testing for tick-borne disease, but those were also negative," May said, adding, "They told us, you know, basically, they were hoping it would leave her system. They would continue treating her symptoms and hope everything would go away on its own."

As days passed, Wilson's health worsened. "Every day we'd go to the hospital and she'd get worse. No improvement," Wilson's stepmother Kathy Potter told [Fox 6 Now](#).

After several tests, the doctors found that Wilson suffered from Hemophagocytic Lymphohistiocytosis (HLH), a condition that affected the cells of the immune system, causing rashes that eventually spread across her body.

"I'm a nurse and I've never seen anything like I'd seen my mother's mouth. It got so bad toward the end she couldn't talk, couldn't drink, couldn't eat — nothing," May said.

It was only after Wilson's blood sample was sent to the Centers for Disease Control and Prevention (CDC) that it was confirmed she had contracted the Bourbon virus.

A scientist studies ticks, whose bite can transmit the Lyme disease, at the French National Institute of Agricultural Research (INRA) in Maison-Alfort, July 20, 2016. Photo: Getty Images/ AFP/ Bertrand Guay

Read: [Lyme Disease: Everything To Know About The Tick-Borne Disease This Summer](#)

The CDC said there was no known cure for the rare tick-borne illness, and all they could do was continue with the treatment Wilson was already undergoing.



About three weeks after Wilson was admitted to the hospital, she died of complications June 23, [the St. Louis Post-Dispatch](#) reported.

“I want people to know it’s out there. We have a virus that doesn’t have a cure, and that’s scary,” May said.

Wilson’s case is the fifth confirmed case of [Bourbon virus](#) since it was discovered in 2014 after a man in Bourbon County, Kansas, developed flu-like symptoms after he was bitten by ticks.

The [CDC tested his blood samples](#) and confirmed the new type of virus.

The researchers at the center said the virus belongs to a group of viruses called "togotoviruses." They also said that there was no known cure for this virus and its consequences.

According to [CDC](#), people are likely to be infected with Bourbon virus if they are bitten by a tick or an insect. Therefore, people who do not take steps to protect themselves from tick or insect bites when they work or spend time outside may be more likely to be infected.

Más información sobre el reciclaje

Si vive en una casa en el condado de Washoe, llame a Waste Management al (775) 329-8822 o visite truckeemeadowsrecycling.com para más información sobre el reciclaje de contenedores en su área.

Si vive en un apartamento en el condado de Washoe, puede llevar los reciclables (vidrios, latas de metal, botellas de plástico, guía telefónica, periódico, papel de oficina y cartón) a las estaciones de Waste Management Recycle America:

- 1100 E Commercial Row, Reno
- 1455 E Greg St., Sparks

Para más información sobre otros lugares donde se puede reciclar, contacte las agencias:

- Incline Village: Waste Not, 832-1284
- Carson City: Waste Management 882-3380
- Fernley: Waste Management 575-4964
- Nevada Recycling hotline 800-597-5865

Desecho de objetos comunes

MUEBLES/ELECTRODOMÉSTICOS GRANDES: Waste Management acepta un artículo grande por casa---colchón de cama, sofás y metales blancos (lavadoras, secadoras, etc.)---ciertos días en Lockwood Landfill. Llame al 329-8822 para consultar tarifas.

PINTURA: La pintura se puede dejar secar o mezclar con arena para gatos y ser tirada a la basura. Visite ktmb.org/recycle para más información.

GUÍA TELEFÓNICA: Para no recibir una guía telefónica visite yellowpagesoptout.com. Recicle sus guías telefónicas viejas en sus contenedores de reciclaje o en las localidades de Waste Management.

BOLSAS DE PLÁSTICO: Bolsas de plástico no se pueden reciclar en sus contenedores de reciclaje, pero se pueden reciclar llevándolas a los supermercados.

OTRAS IDEAS PARA ARTÍCULOS NO DESEADOS: Reno Freecycle (Yahoo group), Craigslist free listings, Goodwill, Salvation Army y otras tiendas de caridad u organizaciones benéficas.

VERTEDERO ILEGAL

Denuncie casos de vertederos ilegales llamando al (775) 329-DUMP (3867)

KTMB 501(c)3 es una organización sin fines de lucro dedicada al embellecimiento, el apoyo, la limpieza y la educación desde 1989. Hemos creado esta guía de reciclaje como un servicio para la gran comunidad del Truckee Meadows. Sus contribuciones nos ayudan mantener el Truckee Meadows bello para que todos puedan disfrutarlo.

¡Gracias!

¿Cómo puedes ayudar a KTMB!

Donar

Trabajar como voluntario

Convertirse en un miembro

Patrocinar un programa

Adopt-A-Spot

Keep Truckee Meadows Beautiful
P.O. Box 7412, Reno NV 89510
(775) 851-5185 | ktmb.org
staff@ktmb.org



KEEP TRUCKEE MEADOWS
BEAUTIFUL

Guía de reciclaje



Descubra dónde reciclar o cómo
desechar apropiadamente de
objetos comunes en el
Truckee Meadows



ACEITE

H2O Environmental 351-2237
Reno Drain Oil Service 342-0351
Waste Management 326-2381

ALFOMBRA

Gone Green 525-1447

ANTICONGELANTE DE AUTO

Reno Drain Oil Service 342-0351
Waste Management 326-2420

APARATOS DOMÉSTICOS

NV Recycling 888-9888
Reno Sparks Gospel Mission 323-7999
Schnitzer Steel 331-2267
Waste Management 326-2402
Western Metals Recycling 358-8880

BATERÍAS—AUTOS

NN Auto Wrecking Group 329-8671
H2O Environmental 351-2237

BATERÍAS—RECARGABLES

Batteries Plus 825-0566
Lowe's/Radio Shack localidades

BICILETAS

Kiwanis Bike Program 337-1717
Reno Bike Project 323-4488
Reno-Sparks Gospel Mission 323-7999

***CARTÓN—ONDULADO**

Earth First Recycling 626-2286
Reno-Sparks Gospel Mission 323-7999

CARTUCHOS DE TINTA

Best Buy localidades

CELULARES

Best Buy, Target y CVS localidades
New2U Computers 329-1126
NV Recycling 888-9888

CHATARRA

Reno Salvage 323-7109
Schnitzer Steel 331-2267
Western Metals Recycling 358-8880

COMPUTADORAS

Lifecycle Solutions 690-9348
New2U Computers 329-1126
NV Recycling 888-9888

EMPAQUE DE BURBUJAS Y RELLENO SUELTO

Postal Annex Plus 626-6868

FOCOS

Batteries Plus 825-0566
Home Depot (algunas localidades)
Lowe's localidades (solo bombillas florecientes)

LATAS DE ALUMINIO

Earth First Recycling 626-2286
Schnitzer Steel 331-2267
Western Metals Recycling 358-8880

LIBROS (Cantidades grandes)

Big Brothers Big Sisters 826-2122
Grassroots Books 828-2665
Washoe County Libraries 327-8300

LLANTAS

Big O Tires localidades
Les Schwab localidades
Tires Plus 525-9381

MADERA

The Pallet Depot 971-1983

MALA HIERBA

Goat Grazers 530-6324

MATERIALES DE CONSTRUCCIÓN

Rubbish Runners 376-6162
Waste Management Landfill 342-0401

MEDICAMENTOS RECETADOS

Sparks Police Department 353-2428
Reno Police Department 334-2175

MUEBLES

Habitat for Humanity 323-5511

PILAS—DOMESTICAS

Batteries Plus 825-0566
H2O Environmental 351-2237

***PAPEL**

Earth First Recycling 626-2286

PESTICIDAS

H2O Environmental 351-2237
NV Dept. of Agriculture 353-3715

***PINTURA**

H2O Environmental 351-2237

***PLÁSTICO**

Earth First Recycling 626-2286

QUÍMICOS PELIGROSOS

H2O Environmental 351-2237

Reproductores de CD, DVD, VHS

Best Buy localidades
Lifecycle Solutions 690-9348
NV Recycling 888-9888

ROPA

Big Brothers Big Sisters 826-2122
Goodwill Industries 828-7681
Reno-Sparks Gospel Mission 323-7999

TELEVISIONES

Best Buy localidades (hay restricciones de tamaño)
Lifecycle Solutions 690-9348
NV Recycling 888-9888
Waste Management 326-2381

VEHÍCULOS
Pick-N-Pull 359-4147
NN Auto Wrecking Group 329-8671

***VIDRIO**

Whole Foods 852-8023

DESECHOS DE JARDÍN

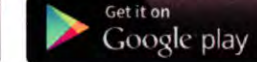
RT Donovan Company, Inc. 425-3015

¡Gracias por seguir manteniendo el Truckee Meadows bello!

¡Asegúrese de bajar la aplicación de móvil de la oficina de sheriff del condado de Washoe para reportar los vertederos ilegales!

La aplicación WCSO esta disponible para los dispositivos Android y Apple.

**Artículos con un asterisco pueden ser situados en el contenedor de reciclaje de flujo individual o llevados a los centros de reciclaje en Reno o Sparks. Comuníquese con Waste Management para más detalles.*

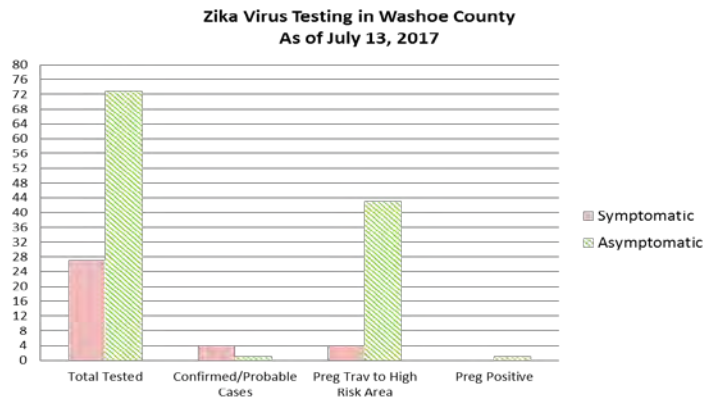


**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: July 27, 2017**

DATE: July 17, 2017
TO: District Board of Health
FROM: Randall Todd, DrPH, EPHP Director
 775-328-2443, rtodd@washoecounty.us
Subject: Program Updates for Communicable Disease, Public Health Preparedness, and
 Emergency Medical Services

Communicable Disease (CD)

Zika Virus Disease Evaluation and Testing - As of July 13, 2017, there have been 108 individuals referred by local healthcare providers for evaluation of possible Zika virus infection. Five cases have been reported. One of the five cases was an asymptomatic pregnant woman and one was identified through blood donation. The pregnant woman delivered her baby on January 11, 2017, and the baby was apparently not infected with Zika based on laboratory tests at CDC. Testing for the maternal tissues at CDC also came back with negative result. However, according to CDC, negative maternal tissue results cannot rule out Zika. Therefore, the baby’s health monitoring within one year still needs to follow CDC’s guidance.



Note: Categories above are not mutually exclusive

Unusual Occurrence of Illness - Since the last District Board of Health meeting, the CD Program has investigated two cases infected with carbapenemase producing organisms (CPO) by working with local hospitals, the state laboratory, and the Centers for Disease Control and Prevention (CDC). One of the cases was infected with New-Delhi Metallo-beta-lactamase-producing (NDM) *E. coli*. This case was an outpatient who had a urinary tract infection. This is the second NDM case reported in Washoe County since we started surveillance in 2010. The person had traveled to India within the

past year and also had an extensive use of antibiotics. Another CPO case was colonized with carbapenemase producing *Klebsiella pneumoniae*. The case was detected because of an active screening culture done by a local hospital per its internal protocol. Both organisms were highly resistant to many frequently used antibiotics but were not pan-resistant. CPO poses a public health risk in healthcare settings.

Legionellosis Training – The CD program coordinated with the Southern Nevada Health District and the Nevada Division of Public and Behavioral Health to host a training on Legionellosis environmental investigation. A total of 18 epidemiologists and environmentalists participated in this one day training.

Coccidioidomycosis – The CD program has continued to see increased Coccidioidomycosis. As of July 13, seven (7) cases have been reported and investigated in 2017. By way of comparison, from 2005 through 2014, two or three cases were reported on average per year. In 2015 there were nine (9) cases and in 2016 there were eight (8) cases.

Among the seven (7) cases investigated so far this year, three of them were likely acquired locally. One of these three cases was epidemiologically linked to a case reported in 2015. The CD Program is working with the CDC, the Nevada Division of Public and Behavioral Health, and the Nevada State Public Health Laboratory for these investigations.

A workshop has been scheduled for July 25 during which CDC subject matter experts will provide onsite training to improve local surveillance capacity. The trainees will be Nevada epidemiologists and environmentalists. A portion of the workshop will involve the collection of soil samples from the field for testing.

Public Health Preparedness

The Medical Reserve Corps volunteer (MRC) program partnered with Truckee Meadows Healthy Communities and the Health Plan of Nevada at its annual “Back to School Health Festival.” The Festival was held at the Evelyn Mount North East Community Center on June 24, 2017. MRC volunteer nurses and EMTs provided free blood pressure checks while other MRC volunteers distributed Washoe County Health District educational and emergency preparedness information. Over 500 under insured children and their families also benefitted by receiving vaccinations and other health services from over 40 private and public health oriented vendors that participated.

Program staff designed and conducted a full-scale Ebola exercise on July 13, 2017. The exercise involved a suspected Ebola patient presenting at a Saint Mary’s Urgent Care. The patient was transported by REMSA to Saint Mary’s Regional Medical Center Emergency Department. All exercise measures were met at 100%.

Program staff participated in the Inter-Hospital Coordinating Council on July 14, 2017.

The Public Health Emergency Response Coordinator met with a home health agency to provide training on the new CMS Emergency Preparedness Rule and provide technical assistance.

The Public Health Emergency Response Coordinator coordinated a Functional Assessment Service Team (FAST) Leadership training. Those trained included staff from Washoe County Health District, Carson City Health and Human Services, American Red Cross, and the Nevada Governor's Council on Developmental Disabilities. The individuals trained will serve in a leadership capacity when FAST volunteers are deployed to shelters.

Emergency Medical Services (EMS)

A Multi-Casualty Incident Plan (MCIP) workshop was held on June 29, 2017. This meeting serves as the beginning for the revision cycle for the MCIP. Several items were discussed for possible revision with the plan. The EMS Coordinator will begin working with regional partners to address the proposed revisions. The MCIP revision cycle will conclude by June 2018.

The EMS Oversight Program continues to work with the task force comprised of regional partners on the development of the regional protocols. This satisfies an objective within the Regional EMS Oversight 5-year Strategic Plan. The Pre-hospital Medical Advisory Committee (PMAC) has received updates on the project and receives updated draft protocols as the task force completes them. The partners anticipate having the regional protocols completed and to the respective Medical Directors for review and possible signature by the end of August.

The EMS Oversight Program has begun the annual compliance report, which includes response time compliance. Per the request of previous Board member Ratti, the Program will present a quick status update on the compliance review. This update will be during the September District Board of Health meeting.

District Health Officer Staff Report
Board Meeting Date: July 27, 2017

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us
SUBJECT: District Health Officer Report – Federal Budget and Policy, NACCHO Annual Conference, Water System Regulation and Plan Reviews, Quality Improvement, Public Health Accreditation, Strategic Plan, Workforce Development, Truckee Meadows Healthy Communities, SB429 –Urban Agriculture and Community Gardens, Other Events and Activities and Health District Media Contacts

Federal Budget and Policy

I submitted several letters to our Congressional delegation in response to concerns with the Senate Better Care Reconciliation Act, the proposed elimination of federal Title X Family Planning Program funding, and the proposed elimination of Hospital Preparedness Planning funding for Nevada.

NACCHO Annual Conference

I attended the National Association of County and City Health Officials meeting held in Pittsburgh, PA July 11 -13. The conference plenaries and a number of sessions promoted multisector partnerships, strong community engagement, and Public Health 3.0 frameworks (see attachment). I attended sessions that provided insights on multi-sector collective impact, the Community Health Improvement Plan initiative development and implementation process, Quality Improvement, CDC Health Impact in 5 Years Initiative (HI-5), affordable housing initiatives, and breaking down silos and braiding funds to address community issues. The conference also provided excellent opportunities to network with and share information with peers from across the nation.

Water System Regulation and Plan Reviews

On June 23, I met with Jennifer Carr, Deputy Administrator of the Nevada Division of Environmental Protection and Don Tatro of the Builders Association of Northern Nevada to discuss potential changes that might be considered for NAC445A that addresses the design and construction requirements for community water systems. I attended a meeting with Commissioners Lucey and Jung to discuss issues with the water system plan review and NAC requirements on June 28. A meeting is scheduled on July 24 with Mark Foree, TMWA, Dave Solaro, Washoe County Community Services Division, and Commissioners Lucey and Hartung to further discuss the community water system and plan review process and issues.

Quality Improvement

The Q-Team has finalized the FY17-18 QI Plan, taking into account recent QI staff survey results and PHAB requirements.

Public Health Accreditation

Health District staff continues to organize public health accreditation efforts that will move the Washoe County Health District from Step One of Accreditation (Pre-Application) to Step Two of Accreditation (Application Submission). The PHAB Statement of Intent has been submitted, with the expectation that the Health District will begin the formal PHAB application process within the next six months.

PHAB requires Health Departments to submit 213 documents that are tagged with required information prior to receiving accreditation status. The Health District PHAB Team is currently working on locating these required documents, while having to create other documents, trainings, etc. from scratch.

Strategic Plan

Staff continues to work toward meeting outcomes within the Health District Strategic Plan and track progress utilizing the OnStrategy software program. A report on the FY 2017 Strategic Plan progress will be provided during the August DBOH meeting and an annual retreat is scheduled for November 2.

Workforce Development

A Workforce Development Plan has been drafted and will be taken to the Division Directors/Supervisors for feedback.

Truckee Meadows Healthy Communities

Family Health Festivals:

The Family Health Festival partnered with Health Plan of Nevada to co-host a back-to-school event Saturday June 24, 2017 from 9:00am to 12:00pm. The event was held at the Evelyn Mount Community Center located at 1301 Valley Road, Reno NV 89512, and approximately 500 people were in attendance.

Remote Area Medical (RAM):

The RAM mobile outreach clinic travels to U.S. cities upon request to provide FREE medical care for those who are uninsured, underinsured, with no eligibility requirements and no ID necessary. Most clinics provide general medical, dental, vision, preventive care, and education. It is expected this event will see upwards of 400-800 Washoe County residents each day to receive much needed health services.

RAM planning ties in with the CHIP Access to Healthcare and Social Services priority, and will increase collaboration amongst Health District Divisions. ODHO, EPHP, and CCHS are coordinating their efforts for event planning and participation.

Health District staff has put together six teams who will be responsible for operationalizing the event: Medical Recruitment Team, Non-Medical Recruitment Team, Promotions Team,

Hospitality Team, Family Health Festival/Supportive Services Team, and the Finance Team.C4C:

Housing:

TMHC, TMRPA and Enterprise Community Partners are now serving as the convener of the affordable housing mission, or what we originally referred to as a Roadmap for Affordable Housing. Rather than continuing to refer to this organizing/oversight role as a convener, we now describe this function as a “Partnership.”

A core working group has been established that meets frequently (sometimes three times a week, but mostly weekly) to analyze the next steps and to develop a scope of work and timeline. Additionally, TMHC has secured the services of an independent contractor who will provide more dedicated time to help advance this mission. It is presently planned to secure these support services through this calendar year, and we will continue to evaluate the needs and opportunities for extending the relationship as the program evolves and funding continues.

SB429 –Urban Agriculture and Community Gardens

This legislation enacted during the 79th NV Legislative Session amends NRS 244 and authorizes the governing body of a city or county to establish an urban agriculture zone, by ordinance, for the purpose of promoting the development and operation of urban agriculture. It provides that an urban agriculture element may be included in the master plan. This element must include a plan to inventory any vacant lands owned by the city or county and blighted land in the city or county to determine whether such lands are suitable for urban farming or gardening. The governing body of a city or county may, by ordinance, authorize the use of vacant or blighted land for community gardening and the ordinance may establish fees for the use of the land, provide requirement for liability insurance, and provide requirements for a deposit to use the land.

Other Events and Activities

6/23/17	REMSA Board Meeting
6/26/17	Community Health Needs Assessment Meeting
6/27/17	General Staff Meeting
6/27/17	NALHO Conference Call
7/5/17	TMHC Planning Meeting with Dr. Slonim and Sharon Zadra
7/6/17	NV Health Authorities Conference Call
7/10 –13/17	NACCHO Conference, Pittsburg, PA
7/17/17	Meeting w/Chair Jung
7/18/17	EHS Sups Meeting
7/19/17	DD/Sups Meeting
7/20/17	TMHC Strategic Plan Meeting

Subject: District Health Officer Report

Date: July 27, 2017

Page 4 of 4

7/21/17	NPHA Advocacy Call
7/25/17	EHS Sups Meeting
7/25/17	Meeting with new Food Bank of N. NV Director
7/26/17	NV Public Health Foundation Board Meeting
7/27/17	TMHC Board Meeting

Public Health 3.0 Issue Brief

Introduction

In October 2016, the Office of the Assistant Secretary for Health released a set of recommendations to achieve Public Health 3.0 (PH3.0), a paradigm for public health transformation that calls on local public health infrastructure to ensure the conditions in which everyone can be healthy.ⁱ The National Association of County and City Health Officials (NACCHO) welcomes the explicit focus on local public health in PH3.0 as an opportunity for county and city health departments to refine and embrace their role as champions of community health improvement. NACCHO is committed to supporting local health departments (LHDs) as they begin or continue to turn the PH3.0 vision into practice. This issue brief provides an initial response to the PH3.0 recommendations from a LHD perspective, including reactions from members and potential implementation opportunities and challenges.

The Community Health Strategist

In PH3.0, the Chief Health Strategist drives local public health transformation and brings together community members and partner organizations for collective impact on social determinants of health. In many communities, NACCHO's member local health officials (LHOs) already see themselves in this role, but as part of a team leading a broader coalition of community partners from behind, rather than a single "chief" in front of a pack. To be sure, the term *Chief* Health Strategist can elevate the profile of LHDs as champions of local health, but many LHOs prefer the term *Community* Health Strategist because it captures the collaborative, place-oriented nature of their work.

Ultimately, LHOs envision their role in PH3.0 as prioritizing leadership and knowledge support to advance population health in partnership with others in their communities. In this capacity, LHOs perceive many functions of the Community Health Strategist: interpreters of data and diagnosticians on a community scale; illuminators of health inequities and advocates for social justice; partners for non-health sectors working toward a culture of health; agents of policy change who broaden legislators' understanding of health; conveners and supporters of community organizations; identifiers of evidence-based strategies for local priorities; and assessors of health service access in the communities they serve.

Clinical Services

In the PH3.0 vision, LHDs' role in the provision of healthcare services is less clear. Indeed, expanded access to healthcare and the resulting transition away from safety net services is described as an impetus for the evolution from Public Health 2.0 to 3.0.ⁱⁱ While the era of Public

Health 2.0 focused on defining and developing essential functions of governmental public health agencies and ensuring universal access to healthcare, Public Health 3.0 focuses on ensuring universal access to health.ⁱⁱⁱ

In reality, results from the 2015 NACCHO Forces of Change Survey reveal a more complicated relationship between LHDs and healthcare services. While some LHDs decreased their clinical services, most reported no change in level of delivery, and communicable disease screening or treatment increased. In addition, LHDs with a higher percentage of insured patients were less likely to reduce their clinical services.^{iv} Thus, clinical services remain part of many LHDs' work, and the uncertain future of the Affordable Care Act following the 2016 election may require LHDs to reevaluate their clinical responsibilities again. Availability and affordability of healthcare services, particularly in light of potential healthcare reform changes, other contextual issues, and budget all factor into LHD decisions regarding clinical care. NACCHO acknowledges that each LHD has to determine what clinical role makes most sense for them in consultation with their community and governmental partners.^v Nevertheless, a strong focus on clinical care may pull public health department resources downstream and impede fulfillment of PH3.0 principles. LHOs will need to balance their role as safety net providers of clinical services with the need for interpersonal, community, and policy-level interventions addressing the social and environmental factors driving poor health outcomes.

Health Equity

PH3.0 recognizes that, “In order to solve the fundamental challenges of population health, we must address the full range of factors that influence a person’s overall health and well-being. From education to safe environments, housing to transportation, economic development to access to healthy foods—the social determinants of health are the conditions in which people are born, live, work, and age.”ⁱ While the PH3.0 recommendations seek to shift the responsibilities of public health upstream, focusing on social determinants addresses the outcomes rather than the causes of inequity. Resolving the fundamental challenges of population health will require shifts further upstream to integrate narratives and actions that confront institutionalized racism, sexism, and other systems of oppression that create the inequitable conditions leading to poor health.^{vi} NACCHO encourages integration of social justice into the PH3.0 vision of public health culture and practice, and its Health Equity Program strives to build LHD capacity to act on structures of inequality over the long-term.^{vii}

Funding and Relationships with State Health Departments

LHOs cite difficulties obtaining sustainable, flexible funding as a major barrier to operating as community health strategists who can influence social determinants of health and health inequities. When reacting to the PH3.0 recommendations, member LHOs frequently reported receiving funds with stipulations that precluded their use, or that had to be used in ways that did not meet the health needs of their communities. State health departments also need flexible financial support, and have had to defend against major threats to existing federal funding sources like the Prevention and Public Health Fund.^{viii} The PH3.0 recommendations reflect this concern and include “enhanced and substantially modified” funding as one of its five overarching components.ⁱ

State health agencies receive most federal funding for public health initiatives, largely through the Prevention and Public Health Fund, and distribute nearly half (44% in fiscal year 2011) to LHDs, usually along programmatic lines.^{viii,ix,x} LHD input on allocation of funds and flexible funding without programmatic, health outcome-oriented restrictions would allow LHDs to better direct resources towards determinants of health. With regard to grants, NACCHO encourages the federal government to: (1) include LHD review and comment on federal funds that state governments distribute to LHDs, and (2) inform LHDs of public health-related grants that go to organizations and service providers in their jurisdiction.^{xi} Along with restructuring and greater transparency of funds passing through levels of government, working toward PH3.0 necessitates strong relationships between state and local health departments. Because their governance structures and the scope of their respective responsibilities vary by location, PH3.0 presents an opportunity for each state to examine and improve its capacity to collaborate with LHDs for state-wide health improvement.

Small and Rural Local Health Departments

The scope of LHD jurisdictions and responsibilities also vary by location. Of the 2,800 LHDs in the U.S., about 60% serve jurisdictions of less than 50,000 people.^{xii} As the path to PH3.0 evolves, the public health community must take care to avoid marginalizing this large segment of health departments and the populations they serve. Small and rural health departments already face resource limitations restricting their ability to engage in population health promotion. For instance, while recent Forces of Change Surveys found that LHDs as a whole have increased population-based primary prevention activities, small LHDs were consistently less likely to do so than large LHDs.^{iv,xiii} The PH3.0 recommendations cite cross-jurisdictional sharing as one way to build capacity for community health promotion. Facilitating effective cross-jurisdictional sharing and structuring other emerging support systems for public health transformation in a way that accommodates differences in LHD capacity can bring PH3.0 principles to communities of all kinds.

Accreditation

Health department accreditation is one such support system for public health transformation. As an organization that supported the creation of the Public Health Accreditation Board (PHAB), NACCHO endorses and provides resources for accreditation as an important way to improve LHD performance.^{xiv} Now that “enhanced accreditation” is one of the five overarching PH3.0 recommendations, a more specific interpretation of changes to accreditation that will better incorporate PH3.0 principles is needed.ⁱ Furthermore, achieving and sustaining accreditation, even under existing standards, is a challenge for many LHDs – particularly small and rural LHDs. Because accreditation is a central to the PH3.0 vision, the public health community should determine what expectations are reasonable for LHDs of different types to achieve, and provide resources to support accreditation efforts. NACCHO appreciates PHAB’s leadership in public health department accreditation and defining standards and measures for PH3.0 that considers the challenges many LHDs face.

Conclusion

Given the vast variety of stakeholders and settings in the U.S. public health system, NACCHO recognizes that federal recommendations for PH3.0 cannot be overly prescriptive. Moreover, while the new federal administration's vision may shift public health priorities, NACCHO appreciates that PH3.0's focus on community-level leadership will allow PH3.0 principles to live on and provide enduring guidance for building healthy communities and long-term national initiatives like Healthy People. This issue brief described some areas where LHDs acting as community health strategists and their partners may face challenges when translating the PH3.0 recommendations into reality. NACCHO pledges to work with its members and allies to find solutions that will allow LHDs to achieve their version of PH3.0.

ⁱ Office of the Assistant Secretary for Health. (2016). Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure. Retrieved October 31, 2016 from: <http://www.healthypeople.gov/ph3>.

ⁱⁱ DeSalvo, K. B., O'Carroll, P. W., Koo, D., Auerbach, J. M., & Monroe, J. A. (2016). Public Health 3.0: Time for an Upgrade. *American Journal of Public Health*, 106(4), 621-622.

ⁱⁱⁱ Office of the Assistant Secretary for Health. (2016). Meeting Proceedings: Public Health 3.0 Roundtable on Data, Metrics, and Predictive Modeling. Retrieved November 15, 2016 from: https://www.healthypeople.gov/sites/default/files/PH3.0_Roundtable-Summary.pdf.

^{iv} National Association of County and City Health Officials. (2015). The Changing Public Health Landscape: Findings from the 2015 Forces of Change Survey. Retrieved November 1, 2016 from: <http://nacchoprofilestudy.org/wp-content/uploads/2015/04/2015-Forces-of-Change-Slidedoc-Final.pdf>.

^v National Association of County and City Health Officials. Policy Statement on Clinical Services, adopted November 2012. Retrieved November 2, 2016 from: <http://www.naccho.org/uploads/downloadable-resources/12-17-Clinical-Services.pdf>.

^{vi} National Association of County and City Health Officials. (2016). Health Inequity: A Charge for Public Health. Retrieved November 1, 2016 from: <https://nnphi.org/wp-content/uploads/2016/09/na16-whitepaper-final-print.pdf>.

^{vii} National Association of County and City Health Officials. Policy Statement on Health Equity and Social Justice, updated November 2012. Retrieved November 2, 2016 from: <http://www.naccho.org/uploads/downloadable-resources/05-02-Health-Equity-and-Social-Justice.pdf>.

^{viii} Jarris, P. (2015, June 17). ASTHO urges Congress not to cut PPHF [Letter to Members of Congress]. Association of State and Territorial Health Officials, Arlington, Virginia. Retrieved November 15, 2016 from <http://www.astho.org/Public-Policy/Federal-Government-Relations/Documents/2015-ASTHO-Urges-Congress-Not-to-Cut-PPHF/>.

^{ix} Association of State and Territorial Health Officials. ASTHO Profile of State Public Health, Volume Three. Retrieved November 3, 2016 from: <http://www.astho.org/Profile/Volume-Three/>.

^x Meit, M., Kronstadt, J., & Brown, A. (2012). Promising Practices in the Coordination of State and Local Public Health. *NORC at the University of Chicago*. Retrieved November 3, 2016 from: <http://www.astho.org/accreditation/promising-practices-in-coordination-final-report/>.

^{xi} National Association of County and City Health Officials. Policy Statement on Allocation of Federal Grants, revised September 2008. Retrieved November 2, 2016 from: <http://www.naccho.org/uploads/downloadable-resources/91-05-Allocation-of-Federal-Grants.pdf>.

^{xii} National Association of County and City Health Officials. (2014). 2013 National Profile of Local Health Departments. Retrieved November 2, 2016 from: <http://nacchoprofilestudy.org/reports-publications/>.

^{xiii} National Association of County and City Health Officials. (2014). Changes in Local Health Department Services: Findings from the 2014 Forces of Change Survey. Retrieved November 15, 2016 from: <http://nacchoprofilestudy.org/wp-content/uploads/2015/06/Changes-in-Services.pdf>

^{xiv} National Association of County and City Health Officials. Policy Statement on Health Department Accreditation, revised January 2016. Retrieved November 2, 2016 from: <http://www.naccho.org/uploads/downloadable-resources/04-06-Health-Department-Accreditation.pdf>.

December 2016

Health District Media Contacts: June 2017

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
6/28/2017	KOLO CH8 - ABC Reno	Terri Russell	Rabies and Bats - Todd
6/27/2017	KOLO CH8 - ABC Reno	Terri Russell	Chicken ELISA Test - Jeppson
6/27/2017	KOLO CH8 - ABC Reno	Terri Russell	Mosquito sentinal chickens - Drescher
6/22/2017	Associated Press - Las Vegas	Regina Garcia Cano	Heat Wave - Ulibarri
6/22/2017	KKOH Radio 780AM - CNN Reno	Daniella Zaninno	Heat Stroke - Ulibarri
6/21/2017	KOLO CH8 - ABC Reno	Terri Russell	Mosquito surveillance and interns - Drescher
6/21/2017	KOLO CH8 - ABC Reno	Terri Russell	Mosquito surveillance - Jeppson
6/14/2017	KTVN CH2 - CBS Reno	Cameraman	Mosquito abatement - Lumpkin
6/14/2017	KOLO CH8 - ABC Reno	Terri Russell	Mosquito abatement - Shaffer
6/13/2017	KRNV CH4 - NBC Reno	Tyler Mugnano	Mosquitos - Shaffer
6/15/2017	KOLO CH8 - ABC Reno	Shannon Moore	Farmers Markets - Franchi
6/12/2017	KTVN CH2 - CBS Reno	Kristen Remington	Syphilis - Howell
6/8/2017	KOLO CH8 - ABC Reno	Terri Russell	Ticks - Shaffer
6/7/2017	Reno Gazette-Journal	Dustin Quiroz	Ozone - Inouye

Press Releases/Media Advisories/Editorials/Talking Points

6/22/2017	Minimize heat wave risks	Ulibarri
6/21/2017	Local businesses recognized	Ulibarri
6/12/2017	Mosquito Abatement	Ulibarri

Social Media Postings

Facebook	AQMD/CCHS/ODHO EHS	118 (CCHS 27 EHS 12 AQM 79)
Twitter	AQMD/CCHS	77 (CCHS 13 AQM 64)